INDEX OF DOCUMENTS
CONSUMER TASK FORCE
JANUARY 2008

PROJECT UPDATES

ADVOCACY ALERT ON BLUE CROSS/BLUE SHIELD LEGISLATION

ATTORNEY GENERAL'S RESPONSE TO THE BLUE CROSS/BLUE SHIELD LEGISLATION - POWERPOINT PRESENTATION

NOTICE OF LONG-TERM CARE INFORMATION FORUM - FEBRUARY 11, 2008

REVISED PROJECT SUCCESS DRAFT OUTREACH MATERIALS

INFORMATIONAL SESSION - DEVELOPING A PREPAID MEDICAID LONG-TERM CARE HEALTH PLAN PILOT PROJECT - POWERPOINT PRESENTATION

CONSUMER TASK FORCE

UPDATE OF PROJECTS

JANUARY 2008

Money Follows the Person (MFP)(2003) Grant Activities
Independence Plus (2003) Grant
January 2008

The summary report on the **2003 Independence Plus Grant** was sent to CMS on December 28, 2007 and contained over 150 documents, reports and presentations related to the activities of that grant.

The next **Self-Determination Implementation Leadership Seminar** will be on March 11 at the Holiday Inn South, from 8:30 to 4. Registration is through the Michigan Association of Mental Health Boards, www.macmhb.org

The current effort related to the MFP03 focuses on the development of a **Prepaid Long-Term Care Health Plan**. This requires the approval of two waivers from the Centers for Medicaid and Medicare Studies (CMS). Staff are participating in a series of workgroups to develop the eligibility, service definitions, provider qualifications, quality assurance, rates, and information services necessary to fully define the plan and to complete the waivers. The concept paper has been submitted to CMS, a feasibility study is beginning to examine from a cost point of view if the proposed plan can both avoid new expenses and be cost effective, as compared to Nursing Facility Level of Care (NFLC). The eligibility for the proposed plan is limited to Medicaid beneficiaries who are elderly or people with disabilities with a NFLC determination.

The site which as been identified for this project is Detroit and staff are working with the Detroit Area Agency on Aging to understand the concepts and plans necessary to implement this type of a service for current MI Choice participants, those on the waiting list there and individuals who select to transition out of Nursing Facilities. The plan will be voluntary for all participants, but they would not enjoy a choice between several plans or providers. Current State Plan

services would continue to be available to all beneficiaries that choose not to participate.

Two consumer advisory groups are forming to advise this project. One will focus on statewide issues and the second will be specific to Detroit implementation concerns.

This Prepaid LTC Health Plan will offer a range of supports and services to assist Medicaid beneficiaries with successful community living by coordinating their supports and care in a person-centered program which includes nursing facilities, assisted living, pharmacy services, transition services, community living supports and other categories of service.

The Wisconsin Family Care Program is a similar package of supports and services that has grown in Wisconsin demonstrated quality and cost effectiveness.

Self Determination in Long Term Care
January, 2008

Self-Determination in Long-Term care

We have approximately 170 participants enrolled in Self Determination. 1 is from outside the Pioneer Agencies – Region 10 in Traverse City. We expect more enrollments from other sites during January.

We are preparing to train the remaining 10 waiver agents to implement Self Determination. Trainings will be held in Grand Rapids 1/29, 2/19 and 3/11 and in Gaylord 3/24 &3/25. It is our intent to have all waiver agents trained on the philosophy and mechanics by the time the RWJF grant ends – March 31, 2008.

Project Success

The Direct Service Worker grant is moving along coordinating "Project Success". Thanks to the task force for your valuable feedback. We are working to arrange the train the trainer sessions on consumers as employers in conjunction with AAA 1-B. The training will be in Oakland County. We will keep the task force informed as the plans are finalized.

A draft of Policy and Practice Guidelines for Self Determination in Long Term Care has been circulating for comments. Please let me know if you are interested in reviewing for comments.

Medicaid Infrastructure Grant (MIG) Update
January 2008

There are presently 1057 Freedom to Work (FTW) participants.

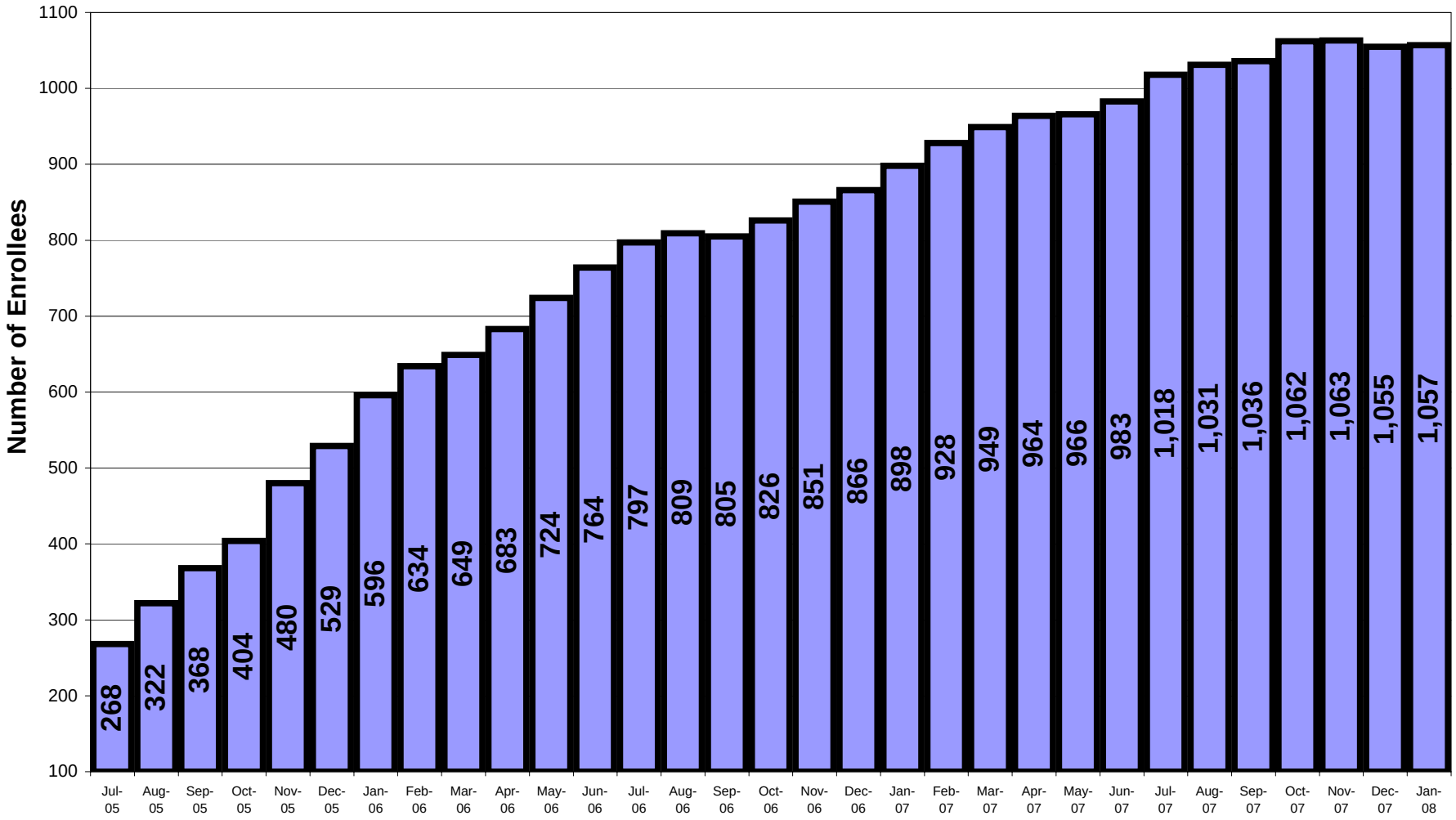
The Medical Services Administration/MIG joint meeting was held on December 12. Updates from discussion are included in the attached Issues Table.

The State Plan Amendment to allow the use of personal care services in the workplace through Home Help was implemented on December 1, 2007. See the attached MSA bulletin.

The 2008 MIG Continuation Award funding letter was received on December 14. This year's award is for $712,000.

Jill Gerrie is coordinating presentations with Erin Riehle from Project Search. A general informational presentation is scheduled on January 31st in the morning at Holiday Inn South in Lansing (Anyone interested in more details or attending needs to contact Jill Gerrie to register – jill@dnmichigan.org). There is also an afternoon joint discussion on January 31st with VR, providers, Department of Ed, and potential businesses to determine how to "braid" funding to gain greater competitive employment successes for persons with significant disabilities.

Michigan FTW Enrollees
January 2008



FTW Issues Table Brief – December 12 2007 *** 1055 FTW Members *** (down from 1062)

arinit@michigan.gov

Issue Statement	*Strategy*	*Report Current Status*
PAS/PCS Issue - PAS/PCS Issue - Persons needing PAS/PCS during the day while they are at work cannot take their MI Home Help worker to help with personal care at work. Because they cannot take care of personal needs at work, PWDS end up working less or choosing not to work at all.	*The current MI FTW law itself prohibits the use of PAS/PCS in the work place, ie "FTW 106a (3) - …and does not include personal assistance services in the workplace." *MSA informs us that State Plan Amendment is the most plausible action needed. *MIG Team members and others worked along side MSA on draft language for the SPA to amend the State Plan for submission to CMS.	**December 12, 2007** Ed Kemp provided a written copy of published policy with an operational date of December 1, 2007, confirming implementation of the use of personal care services at work through the Home Help program.
Case Review/Earnings Level -Issue -Presently, after 12 months a person earning over SGA – upon their yearly case review, the person is seen as "not disabled," and knocked out of the Medicaid program because of earnings level without consideration that they may be eligible for	-Review the DHS Diary Process used to schedule disability reviews. DHS defers to PEM 260 for directives as to yearly review, and PAM 815 as to guidance on the process of review. DHS Diary Dates are set for automatic review of a person with a disability. The review looks at disability, then income and assets.	**December 12, 2007** Logan said that Linda Kusnier is keeping up with these reviews. He didn't think the policy/procedure work had progressed.

Freedom to Work Medicaid.		
Unearned Income Issue - Current FTW Law states in 106a (2) (c), "The individual has unearned income level of not more than 100% of the current federal poverty guidelines." FTW individuals, who receive unexpected unearned income could be in jeopardy of being dis-enrolled.	* The Intent of FTW is not to be penalizing on those who choose to work. *The MIG team will develop a complete list of items to be included in future discussions with MSA regarding possible FTW disregards for policy submissions. *Unearned income examples include: unemployment, workers compensation, and working at higher earnings; income because of the death of a parent, receipt of child support, or receipt of spousal support.	**December 12, 2007** Theresa found that SSDI outpaced the FPL 8 times in the last 20 years. The largest percentage increase being a 1.7% increase. The 1.7% increase compounded 20 years equates to $341. Logan said he spoke to DHS and they noted that they have other programs where an adjustment in the COLA is allowed. MSA will look further into this as a way to address the concern over COLA. Joe noted that it appears this would address the COLA, but there are still several other "unplanned" increases in UNEARNED income that need to be addressed.
Aging out Issue – Michigan's Medicaid Buy-In Law authorized under the TWIIA, has an age limit for participation of 16-65. The FTW Law specifically states in 106a (2) (b) "To be eligible, "the individual is at least 16 years of age and younger than 65 years of age." This leaves FTW participants approaching age	*One course of action could be to try to pass a Medicaid Buy-In under the Balanced Budget Act as other states are attempting to do. The Balanced Budget Act allows for all ages to participate in the Buy-In, but has other restrictions as to income and assets. *Theresa will discuss with NCHSD and Connecticut looking into their method of using the BBA to proceed, and which other states may have done.	**December 12, 2007** Ed Kemp stated that Paul Reinhart is very much in favor of this, and Logan Dreasky agreed saying that the BBA option is on the list of proposed State Plan Amendment changes, but things are really backing up because of the Bridges project.

65+ who have accumulated resources while working, with a choice of dissolving these resources in order to be eligible for vital Medicaid services, or deal with a huge spend down.		
Premium Issue - The current FTW premiums fees are seen as "cliffs." The variance in premium amount leaves big differences from one level to the next, which can be triggered by a simple .50 cents increase in pay. The FTW Law allows for Medicaid Buy-In premiums to be on such a sliding scale. Specifically the FTW Law states in 106a "(5) (c) "the Premium sliding fee scale shall have no more than 5 tiers."	*An unintended consequence of setting the fee scale as MI did (using an SSI methodology for counting income) resulted in individuals having to earn around $4,000 a month before paying the first level of premium, which was set at $50.00. * Consider a MSA Administrative Policy Change in the existing current premium fee scale. Theresa has looked into options. Disregarding a percentage of income before requiring premium payment. Another possibility would be to switch to a sliding scale based on percentage of countable earned income. Some states have premiums that start at the point of any earnings and may or may not include unearned income	<u>September 2007</u> Theresa presented to the MSA Collaborative a NCHSD charting of the MIG Buy-In plans that illustrates the differing methodology utilized by the participating states in setting the premium scales for their state Medicaid Buy-In programs.
Marriage Penalty Issue –	*The issue of deeming is a problem for	<u>October 10, 2007</u> This is a federal

The FTW participant's earnings are "deemed" to the spouse and the spouse becomes ineligible for Medicaid and other supports.	FTW participants who have a spouse receiving supportive benefits, such as SSI, due to a disabling condition. A part of the working spouses' income is deemed to the other spouse. This results in the other spouses' benefits possibly being reduced or eliminated.	challenge within SSA. The WIAG group meets in Chicago. They are considering this topic. Tony Wong, Karen Larsen, & June Morse participate Moved to Federal Work Issues Table
Part B Premium Issue FTW participants may be required to pay Part B costs when they achieve certain earnings levels. Currently Individuals are not aware of this before switching to FTW.	*The MI DHS policy pertaining to FTW PEM 174, clearly states, "a person eligible for medical assistance under FTW is not eligible for ALMB." *Theresa will further research potential implications of this factor within the FTW program, consider whether a change in Administrative policy is needed, and need to develop method to inform participants that they may be required to pay premium.	June13, 2006 MSP Premiums discussed briefly as the issue also involves persons who are concurrently eligible for ADCARE. Linda concurred with Theresa's findings that people did not have to pay Medicare Part B premiums because of switching to FTW, but because of a rise in their income, a result of working.
Economic Earnings Issue SSDI recipients that are also FTW enrollees remain discouraged from earning over SGA until a person can minimally replace their SSDI check.	*Issue ties into the Federal SSA action on SGA. People are unlikely to work in order to have less $ in their pockets. *Need to do research on what it would take to eliminate SGA and allow persons to wean off benefits slowly. *Work with the MI JOB Coalition and others working towards a solution to the issue of SGA	April 2007 "Think Work" summits suggest growing effort by Mi Jobs Coalition to seek demonstration/pilot grant from SSA to disregard SGA as a standard for persons with SSDI.

	*PWDS need to gain skills to qualify for a higher paying job, so they can earn enough to take the leap of faith off the system.	
Deductible Issue - As of January 2004, PWD may have been put into Spend-Down eligibility category (now referred to as the Deductible Program) instead of being referred to the FTW.	As of January 2004 through August 01 2005 (Prior to the institutionalization of the LAO2 prompt), PWD may have inadvertently been put into spend-down (now referred to as the Deductible Program) when applying for Medicaid benefits because of having earned income combined with unearned income that placed total earnings over the FPL. Some of these individuals should have been FTW participants.	October 10, 2006 There was some discussion as to what/who this population is. Linda Kusnier is working on the December 2003 persons that were spend down prior to January 2004 and would have been FTW persons except for the implementation date. Tony was thinking this was the same group of persons. Logan will pursue with Linda.
Ad Care Issue - PWDs who apply for Medicaid and are working below 100% FPL are automatically referred to AD Care. It is the policy of DHS to place eligible individuals into the most beneficial MA category for the person, using a hierarchal system. Yet,	-Take a look at DHS policy and procedures and determine if changes are needed. If so, make recommendations to MSA. Theresa and Jackie -Study the challenges of transferring working persons with disabilities from ADCARE to FTW to be sure that no harm would occur (recall that some would then need to pay the Part B	**December 12, 2007** Logan has assigned Linda Kusnier to access Maryanne's computer to transition eligible people from AD Care to FTW, but presently all (100%) resources are going to Bridges testing. Ed Kemp said this testing and use of 100% of resources should last no longer than through December 18. We all are hopeful that after next week there can be some activity on the transitioning. Logan

some individuals with disabilities who have jobs and are actively working are placed into ADCARE rather than FTW. These individuals have a combined income below FPL. The benefit of placing working PWDs to FTW would increase the program enrollment numbers and bring more federal grant dollars to the state ultimately providing greater opportunities to individuals with disabilities.	premium of $88.50/mo.) *People will only have to pay their Part B premium as their income rises above 120% of the poverty level. At that point they would no longer be eligible for ACARE or the Medicare subsidy because they would be over income for ADCARE.	reminded us that Linda has to go into each case file and does this one live case at a time.
Freedom Accounts Issue FTW enrollees are not aware of Freedom Accounts and commonly don't know the benefits of utilizing these accounts to build savings or increase earnings. The advantage to Freedom Accounts is that <u>PWDs can set aside income & resources to save for things</u>	-Determine how to build awareness among FTW enrollees to promote increased earnings & savings while retaining needed benefits.	<u>October10, 2006</u> Theresa shared a draft Bulletin announcing this policy. She provided Logan with a copy. MSA will review and provide the office with comments. Tony suggested adding a section on consumer responsibilities and consequences to the bulletin and the brochure he is working on. Theresa suggested modifying DHS Form 503 Asset Verification Form to include designation for Freedom Accounts, creating a new

they need, and still qualify for Medicaid benefits and medical coverage under the MA program.		DHS Form for FTW. A suggestion occurred to modify the FTW DHS Form since Freedom Accounts can also include money from income. Make it a similar but New Form with its own Form Number.
SSA 1619 Transition to FTW Presently smooth transition to FTW is not assured	Persons presently in 1619 status may earn or save their way onto FTW, but are fearful to take that leap because they are unsure that transition into FTW Medicaid will be a seamless process. *Theresa will check HUD policy and also with contacts she has within the advocacy field that often helps PWDs with housing issues regarding subsidized housing.	October 10, 2007 Theresa is working with Karen Larsen from SSA and Cynthia Asher to determine possible ways to shape a smooth transition that individuals will trust, utilize, and see the benefits of increased work.
FTW and Family Size Eligibility Issue - When FTW eligibility is considered for people with disabilities, we normally look at the individual. This issue involves when the individual is a member of a family of two and the working spouse is currently receiving Medicaid under	*We need to decide if we can look at family size relative to income eligibility. *We need to consider the impact on other people who now may be eligible where they were not before. *This is being discussed in the MSA collaborative. *Theresa brought the MIG comparison chart in for review.	**December12, 2007** Ed Kemp said he would talk to Steve Fitton to check on the status of this with Paul Reinhart.

ADCARE or some other category?		
People Dropping Out of FTW…. Why? – Is it that people are deciding that they don't want to participate in Medicaid for whatever personal reason they may have?	*Attend existing community gatherings the consumers and their families/support persons attend. -Was the program difficult to participate in? -Were the rules too difficult to understand? -Was there no one to explain the program or help with paperwork? -Did individuals receive Benefits counseling? If so, was it helpful? If not? Why Not? -Did they not trust the program would work for them?	Oct 10, 2007 Joe is working with Cindy Asher (DHS) to best determine why people continue to become ineligible.
Migration Issue (-People will migrate to counties based on the way DHS policies are applied to cases. For example: An individual w/disabilities since birth may/may not be eligible from one county to another.	*Cost of Living varies from county to county. DHS Budgeting process for each county is based on the COL for that county. Therefore the individual may or may not be a recipient of the same benefits from county to county.	This issue has not been brought up at collaborative meetings. Questions may be able to be resolve with a few inquires. Theresa will look into this.

MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 07-58

Distribution: Michigan Quality Community Care Council, and Department of Human Services

Issued: November 1,2007

Subject: Home Help Services in the Workplace

Effective: December 1,2007

Programs Affected: Medicaid

Home Help services are available to Medicaid beneficiaries who have been assessed by Adult Services Workers (ASWs) in the Department of Human Services (DHS) and are determined to need personal care. Based on the assessment, ASWs authorize the number of hours of personal care to be provided and the amount to be reimbursed.

Policy Changes

Personal care services may now be provided for the specific purpose of enabling a beneficiary to be employed. The following policy applies:

- The current assessment process for personal care needs remains unchanged. A separate assessment for the workplace is not required and should not be performed.
- The amount of Home Help services authorized at the time of assessment may be used in either the home and/or the workplace. A beneficiary cannot receive new services and/or additional hours as a result of employment.
- The beneficiary determines where services are to be provided, and they may use the authorized service hours in the home and/or the workplace.

Manual Maintenance

This bulletin may be discarded after review. The policy will be incorporated into the Adult Services Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

Paul Reinhart, Director
Medical Services Administration

Freedom to Work Enrollment - By County
November 2007

Alger	1	Lapeer	8
Allegan	12	Leelanau	1
Antrim	3	Lenawee	9
Arenac	5	Livingston	7
Barry	6	Mackinac	2
Bay	34	Macomb	64
Benzie	4	Manistee	6
Berrien	33	Marquette	9
Branch	9	Mason	5
Calhoun	17	Mecosta	7
Cass	5	Menominee	5
Charlevoix	7	Midland	17
Chippewa	8	Missaukee	1
Clare	6	Monroe	16
Clinton	7	Montcalm	2
Crawford	2	Montmorency	3
Delta	8	Muskegon	37
Dickinson	5	Newaygo	9
Eaton	17	Oakland	103
Emmet	5	Oceana	3
Genesee	29	Ogemaw	1
Gogebic	3	Ontonagon	1
Grand Traverse	24	Osceola	3
Gratiot	3	Otsego	8
Hillsdale	8	Ottawa	24
Houghton	9	Roscommon	7
Huron	4	Saginaw	10
Ingham	45	St. Clair	17
Ionia	3	St. Joseph	12
Iosco	1	Sanilac	6
Iron	2	Shiawassee	10
Isabella	5	Tuscola	5
Jackson	15	VanBuren	10
Kalamazoo	62	Washtenaw	39
Kalkaska	3	Wayne	84
Kent	90	Wexford	7
		TOTAL	1,057

Money Follows the Person
January 2008

The project director is working with numerous stakeholders including consumers, providers and departmental staff to develop the Operational Protocol, which must be forwarded to the Centers for Medicare and Medicaid before Michigan can beginning accessing the $67 million grant. Since Long Term Care Connections, MI Choice Waiver Agents, and Centers for Independent Living, as well as nursing facilities and other entities all have roles in the transition process, coordination of activities is vital to ensure that people who wish to transition receive service in a seamless fashion. It is hoped the Operational Protocol can be submitted to CMS by the end of February.

Systems Transformation Grant
January 2008

The grant goals continue to be addressed through separate initiatives: development of the single point of entry program, expansion of self-determination options in long-term care, and development of a prepaid health plan model. Details on these efforts can be found in updates from Nora Barkey, Tari Muniz and Rob Curtner, respectively.

State Profile Tool Grant
January 2008

We are making arrangements to hire a part-time coordinator through the Michigan Public Health Institute.

LTC Partnership
January 2008

The LTC Partnership workgroup has been meeting on a monthly basis since summer of 2007. The workgroup has divided into 3 smaller committees. Two of the committees, on consumer education and producer/agent education have both meet a number of times. The workgroup will tomorrow January 15th. We are to receive a presentation by a number of insurance company actuaries on LTC insurance. A timeline is being reviewed and finalized. The original schedule called for implementation of LTC Partnership Insurance by July 1 2008 (subject to change). DCH submitted a State Plan Amendment to CMS on December 26, 2007 to amend the state's Medicaid program to allow for LTC Partnership insurance. CMS will have until March 25, 2008 to review and approve it or comment back to the state.

Michigan's Long Term Care Connection

Consumer Task Force Meeting

January 22, 2008

Informed Choice

* * *

Streamlined Access

* * *

Consumer Control

LTCC Activities: January to September 2007

Service	SW	Detroit	UP	WM	Total
Info & Assistance	7,660	6,051	1,828	3,706	19,245
Community Education Participants	3,847	14,574	496	567	19,484
Options Counseling Cases	478	912	362	302	2,486

LTCC Activities: October and November 2007

Service	SW	Detroit	UP	WM	Total
Info & Assistance	1604	1235	12	615	3466
Community Education Participants	19	6	3	11	39
Options Counseling Cases	543	1448	593	547	3131

LTCC Activities
October and November 2007

Service	SW	Detroit	UP	WM	Total
Resource Date Base	1,071	878	667	1,829	
Transitions	8	13	2	0	23
Level of Care Determinations	373	427	269	336	1405

Activity:
Level of Care Determination

- MSA 07 -45 policy: November 1, 2007
- 175 providers within the Four Regions
- Level of Care Tool takes from 2 to 5 hours to conduct
- Expected requests 700 to 1,100 a month

FY 2008 Contract

The Governing Board membership must represent the cultural diversity of the community/geographic area it represents. Providers of direct service to consumers may not be members of the Governing Board nor may individual Governing Board members have a moneyed interest in the LTCC. The Governing Board must have significant (at a minimum 1/3) primary and secondary consumer representation. The Governing Board may not include greater than one-third representation by any one stakeholder entity or type of entity (e.g. Department of Human Services, Centers for Independent Living, Area Agency on Aging). These levels of representation must be complied with no later than December 31, 2007.

Governing Board

	Primary Consumer	Secondary Consumer	Consumer Advocate Organization Representative	LTC Services Provider	Other/ Community
WM	1	2	2		3
SW	2	2	4	2	
DWC	2	3	1	0	7
UP	2	3	3	1	

FY 2008 Contract

- The LTCC must include a Consumer Advisory Board (CAB) within the organization. The chairperson for the CAB must be a primary or secondary consumer. At least 50% of CAB must be primary and/or secondary consumers. Providers may be included on the CAB but may not represent more than one-quarter (25%) of the board. These levels of representation must be complied with no later than December 31, 2007.

- A primary consumer is defined as someone who currently receives long-term care services. A secondary consumer is defined as someone who currently or within the previous three (3) years acts/(acted) as a caregiver to a person using long term care services.

Consumer Advisory Board

	Primary Consumer	Secondary Consumer	Consumer Advocate Organization Representative	LTC Services Provider	Other/ Community
WM	4	2	1	3	
SW	3	7	5	4	
DWC	6	9	6	7	
UP	7	2			

Quality Management

Quality Management: Is the LTCC delivering services that meet the standards developed by the OLTC & its partners?

- Quality Management Workgroup
- State & Local QM Standards & Procedures
- Relationship with Evaluation Model

Consumer Outcomes

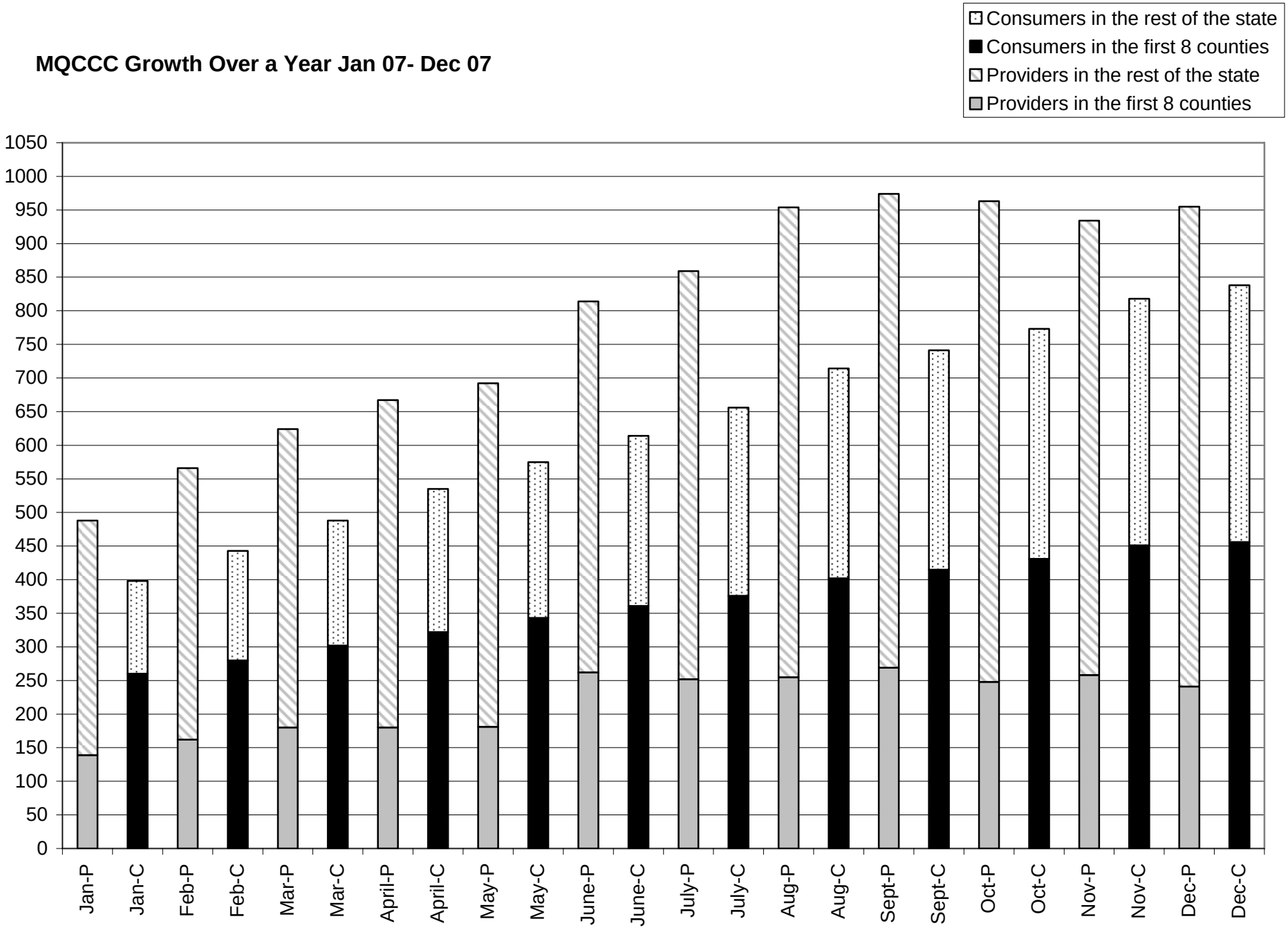
Consumer Experience: Do consumers get what they want & need from the LTCC?

- Information & Assistance Interview
- Options Counseling Interview
- Service Point Data used for selection

Michigan's Long Term Care Connections

1-866-642-4582

MQCCC Growth Over a Year Jan 07- Dec 07



Week ending
01/11/08

MQCCC

Consumers, Referrals, and Providers, by County

County #	County Name	HH* Recipients	# Served	% of HH Served	DHS Referrals	% of HH DHS Referred	Providers Available
1	Alcona	50	1	2.00%	1	2.00%	1
2	Alger	19	0	0.00%	0	0.00%	1
3	Allegan	251	5	1.99%	5	1.99%	6
4	Alpena	144	1	0.69%	1	0.69%	1
5	Antrim	97	1	1.03%	1	1.03%	2
6	**Arenac**	151	12	**7.95%**	12	**7.95%**	10
7	Baraga	64	0	0.00%	0	0.00%	0
8	Barry	152	0	0.00%	0	0.00%	6
9	**Bay**	692	71	**10.26%**	69	**9.97%**	52
10	Benzie	67	0	0.00%	0	0.00%	4
11	Berrien	818	2	0.24%	1	0.12%	5
12	Branch	99	0	0.00%	0	0.00%	5
13	Calhoun	620	0	0.00%	0	0.00%	6
14	Cass	172	1	0.58%	1	0.58%	2
15	Charlevoix	70	0	0.00%	0	0.00%	2
16	Cheboygan	178	0	0.00%	0	0.00%	2
17	Chippewa	173	0	0.00%	0	0.00%	1
18	**Clare**	182	6	**3.30%**	6	**3.30%**	5
19	Clinton	114	2	1.75%	2	1.75%	15
20	**Crawford**	65	2	**3.08%**	0	0.00%	2
21	Delta	191	0	0.00%	0	0.00%	1
22	Dickinson	134	0	0.00%	0	0.00%	1
23	**Eaton**	299	13	**4.35%**	11	**3.68%**	20
24	Emmet	141	0	0.00%	0	0.00%	3
25	Genesee	2693	77	2.86%	75	2.78%	78
26	Gladwin	152	1	0.66%	0	0.00%	6
27	Gogebic	51	0	0.00%	0	0.00%	1
28	Grand Traverse	219	1	0.46%	1	0.46%	7
29	Gratiot	132	1	0.76%	0	0.00%	3
30	Hillsdale	184	1	0.54%	1	0.54%	4
31	Houghton	133	0	0.00%	0	0.00%	0
32	Huron	131	3	2.29%	3	2.29%	3
33	**Ingham**	1246	124	**9.95%**	82	**6.58%**	38
34	**Ionia**	192	15	**7.81%**	13	**6.77%**	13
35	Iosco	134	0	0.00%	0	0.00%	5
36	Iron	95	0	0.00%	0	0.00%	1
37	Isabella	266	2	0.75%	2	0.75%	1
38	Jackson	653	2	0.31%	1	0.15%	5
39	Kalamazoo	1130	2	0.18%	0	0.00%	7
40	Kalkaska	74	0	0.00%	0	0.00%	1
41	Kent	1905	46	2.41%	30	1.57%	50
42	Keweenaw	11	0	0.00%	0	0.00%	0
43	Lake	109	2	1.83%	2	1.83%	4
44	Lapeer	159	2	1.26%	2	1.26%	16
45	Leelanau	11	0	0.00%	0	0.00%	3
46	Lenawee	223	1	0.45%	0	0.00%	2

Highlighting counties where 3% or more of the Home Help population has been served by the registry and/or referred by DHS.

Week ending
01/11/08

MQCCC

Consumers, Referrals, and Providers, by County

County #	County Name	HH* Recipients	# Served	% of HH Served	DHS Referrals	% of HH DHS Referred	Providers Available
47	Livingston	230	3	1.30%	3	1.30%	8
48	Luce	39	1	2.56%	1	2.56%	0
49	Mackinac	38	1	2.63%	1	2.63%	1
50	Macomb	3296	94	2.85%	93	2.82%	171
51	Manistee	187	0	0.00%	0	0.00%	4
52	Marquette	232	0	0.00%	0	0.00%	3
53	Mason	100	0	0.00%	0	0.00%	3
54	Mecosta	234	1	0.43%	1	0.43%	3
55	Menominee	148	1	0.68%	0	0.00%	1
56	Midland	379	1	0.26%	1	0.26%	8
57	Missaukee	52	1	1.92%	1	1.92%	1
58	Monroe	346	0	0.00%	0	0.00%	2
59	Montcalm	268	6	2.24%	4	1.49%	15
60	Montmorency	59	0	0.00%	0	0.00%	1
61	Muskegon	897	2	0.22%	2	0.22%	10
62	Newaygo	291	8	2.75%	8	2.75%	4
63	**Oakland**	3787	134	**3.54%**	128	**3.38%**	249
64	Oceana	152	3	1.97%	1	0.66%	1
65	Ogemaw	272	0	0.00%	0	0.00%	6
66	Ontonagon	48	1	2.08%	1	2.08%	1
67	Osceola	151	0	0.00%	0	0.00%	4
68	Oscoda	41	1	2.44%	1	2.44%	1
69	**Otsego**	182	13	**7.14%**	10	**5.49%**	8
70	Ottawa	276	7	2.54%	6	2.17%	13
71	Presque Isle	55	0	0.00%	0	0.00%	1
72	Roscommon	168	1	0.60%	1	0.60%	1
73	**Saginaw**	1348	58	**4.30%**	56	**4.15%**	64
74	St. Clair	596	6	1.01%	6	1.01%	7
75	St. Joseph	193	0	0.00%	0	0.00%	0
76	Sanilac	203	2	0.99%	2	0.99%	12
77	Schoolcraft	68	0	0.00%	0	0.00%	23
78	**Shiawassee**	232	13	**5.60%**	13	**5.60%**	1
79	Tuscola	193	1	0.52%	1	0.52%	7
80	**VanBuren**	372	20	**5.38%**	18	**4.84%**	7
81	Washtenaw	950	18	1.89%	15	1.58%	26
82	Wayne	17850	59	0.33%	22	0.12%	480
83	Wexford	170	2	1.18%	2	1.18%	7
Total		48949	855	1.75%	720	1.47%	

Percentage of Consumers served, referred by DHS. 84.21%

**Numbers based on data from July, 2007.*

Highlighting counties where 3% or more of the Home Help population has been served by the registry and/or referred by DHS.

Long-Term Care Supports and Services Advisory Commission
January 2008
(Part of the Project Update Packet)

The last meeting of the LTC Supports and Services Advisory Commission was held on November 26, 2007.

Presentation:

Nora Barkey provided an update on the Long Term Care Connection (LTCC) initiative, focusing primarily on issues associated with implementation of Medicaid policy 07-45 which changed the manner in which nursing home level of care determinations are conducted in the LTCC demonstration areas. As part of this policy change, the LTCCs are also responsible for managing the MI Choice waiting lists. The LTCCs are working closely with local providers to respond to issues as they arise. The cost-benefit analysis is just getting started. There is expected to be enough data for meaningful reports by Spring 2008.

Public Comment:

Sherry Miller, Director of 211 at the Michigan Association of United Way, distributed a Michigan 211 Fast Sheet and encouraged close collaboration between 211 and the LTCC initiative. Three of four LTCCs use 211 in some capacity for their I&A call center operation.

David Gehm, from the Michigan Association of Homes and Services for the Aging, distributed information on a long term care financing system being proposed by the American Association of Homes and Services for the Aging that mandates the purchase of universal LTC insurance. The Commission indicated it was not able to support the concept at this time but is interested in periodic updates, which MAHSA agreed to provide.

Commission Advocacy and Action:

- Moved to support the standards for LTC Partnership insurance presented by AARP at the October meeting. The standards address counseling, inflation protection, agent training, exchanges and trade-in guidelines, asset protection, and reciprocity.

- Moved to urge timely implementation of policy changes necessary to allow the provision of MI Choice services in licensed residential settings and advocate with the Legislature for additional resources to fund the initiative.

- Commission members whose terms are slated to expire at the end of December were encouraged to contact the Governor's office to inform her of their continued interest in serving on the Advisory Commission.

The January Commission meeting will be used for workgroup work sessions and status reports, including identification and discussion of overlapping activities. The meeting will be held on January 28 from 1:00 – 4:30 p.m. in the MDCH Conference Center, 1st floor of Capitol View Building.

STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

SHARON L. GIRE
DIRECTOR

DATE: January 15, 2008

TO: Consumer Task Force

FROM: Wendi Middleton

SUBJECT OSA's AoA NHD Grant Update

Three of the four workgroups have all met (some twice and three times) and are moving along toward their respective goals.

Targeting Workgroup: The work of the targeting group is to determine the subset of those over age 60 who are receiving or will receive Older American's Act-funded services, are at risk of nursing home placement, but are not Medicaid eligible, to be included in the demonstration project. At this point in time four factors are in discussion as potential criteria:

1. $20, 000 – $50,000 in assets per person
2. A combination of specific ADL's and IADL's
3. Cognitive impairment
4. Absence, or loss of informal support

AAA's involved in the demonstration project will use these criteria to test their care management and case coordination and support waiting lists to determine the number of folks who meet these criteria and bring back this information for discussion at the next Targeting Workgroup meeting.

Policies and Standards Workgroup: This group has met once, has begun its gap analysis and discussed standards and policies which may act as barriers to implementing person-centered-planning and self-determination. This group meets again in early February.

Training and Outreach Workgroup: Began with a Gap analysis of where each of the AAA's are in relation to experience with PCP and SD and training of same. Have determined who needs to be trained and on what – a more expansive list than originally thought. Discussion about culture change and elements necessary to implement and sustain change has begun. At future meetings the group will discuss shifting power/privilege to consumers and risk. A subgroup is currently working on education/orientation curricula to be used to orient/educate consumers and their care partners on PCP and SD. Consumer and caregiver willingness to participate in the orientation/education effort is under discussion as criteria for being part of the demonstration project study.

Aging Information Systems: This workgroup will concern itself with grant specific data requirements and reporting. This group will not meet until later in the process.

AREA AGENCIES ON AGING ASSOCIATION OF MICHIGAN
ADVOCACY ALERT
JANUARY 17, 2008

PROFITS OVER PEOPLE: PRIVATIZING BLUE CROSS

A package of bills moving through the Michigan Legislature could have a devastating impact on health care access for older adults and people with disabilities and chronic illnesses in the state of Michigan. House Bills 5282, 5283, 5284 and 5285 passed the House last October and are now in the Senate Health Policy Committee, chaired by Senator Tom George, M.D. (R-Kalamazoo). Attorney General Michael Cox is warning that if the bills pass and are signed into law, "People, the old, sick and most vulnerable, will pay more or lose (health) insurance coverage."

The bills are being pushed by Blue Cross Blue Shield of Michigan (BCBSM) and would dramatically change the way they operate. BCBSM is a nonprofit regulated by the state that covers almost three-fourths of Michigan's citizens. BCBSM was chartered by the Legislature in 1939 for the benefit of Michigan citizens. As a state-chartered charity, it accepts all customers and keep premiums affordable by using "community-rating." That means that BCBSM premiums are the same for everyone – young or old, sick or healthy. In contrast, insurance companies can "underwrite" – meaning they can reject sick or older customers – or they can charge them higher premiums.

The bills would allow BCBSM to operate more like a for-profit insurance company. Specifically, the bills would:

- Eliminate community rating, allowing BCBSM to vary premiums according to age, health status and location;
- Allow BCBSM to charge sick customers up to 250% more than other customers;
- Allow BCBSM to deny coverage for pre-existing conditions up to 12 months (current limit is 6 months);

- Allow BCBSM to increase administrative costs from 10% to 30%;
- Eliminate the Attorney General's ability to challenge proposed rate hikes on behalf of Michigan citizens;
- Eliminate state oversight in setting reasonable BCBSM premiums;

BCBSM is arguing that it cannot compete effectively with private insurance companies for the individual market and it is likely to enter a "death spiral" if these bills aren't adopted. But the Attorney General says there is no danger of the Blues going belly up since it controls 70% of the health care business in Michigan and it now has reserves of $3 billion. Other critics are questioning why Blue Cross has such high reserves at the same time it is raising premiums.

WHAT YOU CAN DO:

Write to Senator Tom George, M.D. and other members of the Senate Health Policy Committee (see complete list at the end of this alert) to express your opposition to House Bills 5282-5285 and ask for public hearings on the bills.

Use these talking points in your letters or emails:

- HBs 5282-5285 would end the community-rating system and allow Blue Cross to cherry-pick healthy customers. This would make it harder for older and sicker individual customers to find affordable health insurance.

- The bills remove the state oversight of Blue Cross that guarantees its costs are reasonable and its premiums are affordable.

- The proposed 30% overhead is too high, especially since Blue Cross is a nonprofit and it doesn't pay taxes.

MEMBERS OF THE SENATE HEALTH POLICY COMMITTEE:

Tom George, M.D. (R-Kalamazoo)
sentgeorge@senate.michigan.gov
Bruce Patterson (R-Canton)
senbpatterson@senate.michigan.gov
Alan Sanborn (R-Richmond Township)
senasanborn@senate.michigan.gov
Jason Allen (R-Traverse City)
senjallen@senate.michigan.gov
Hansen Clarke (D-Detroit)
senhclarke@senate.michigan.gov
John Gleason (D-Flushing)
senjgleason@senate.michigan.gov
Gilda Jacobs (D-Huntington Woods)
sengjacobs@senate.michigan.gov

Use this address:

The Honorable __(name)_____
State Senator
State Capitol
P.O. Box 30036
Lansing, Michigan 48909-7536

Department of
Attorney General

Profits over People

The Drive to Privatize and Destroy the Social Mission of Blue Cross and Blue Shield

History of the Blues

- Nonprofit Organization Created in 1939

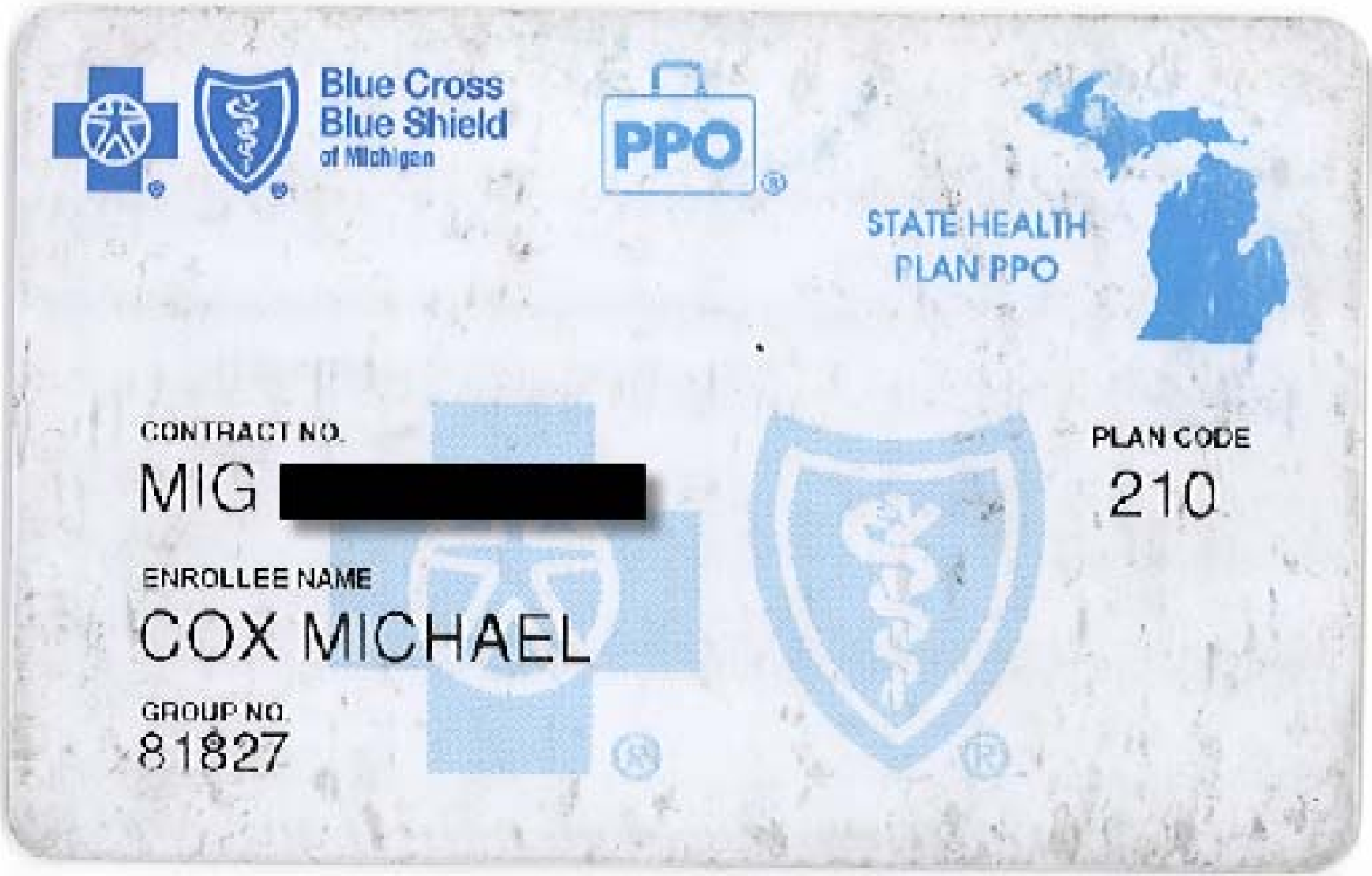
- Statutory Purposes Include:

(1) "[T]o secure for all of the people of this state … the opportunity for access to health care services at a fair and reasonable price."[1]

(2) "to be a ***charitable*** and ***benevolent*** institution. . ."[2]

1. MCL 550.1102(2)
2. MCL 550.1102(1)

A Blues Member



Historic Agreement

Between State of Michigan and Its Healthcare Charity

- Blue Cross receives a state subsidy of at least $75 million EACH and EVERY YEAR from its tax-exempt status. [3]
- Further, Blue Cross does not pay millions more for local county, city, township, and school district property taxes.
- No other insurance company receives this benefit.
- In exchange for all these tax advantages, Blue Cross is required to provide health insurance to Michigan citizens who cannot get it elsewhere and to ensure that health insurance is accessible and affordable for everyone in Michigan.

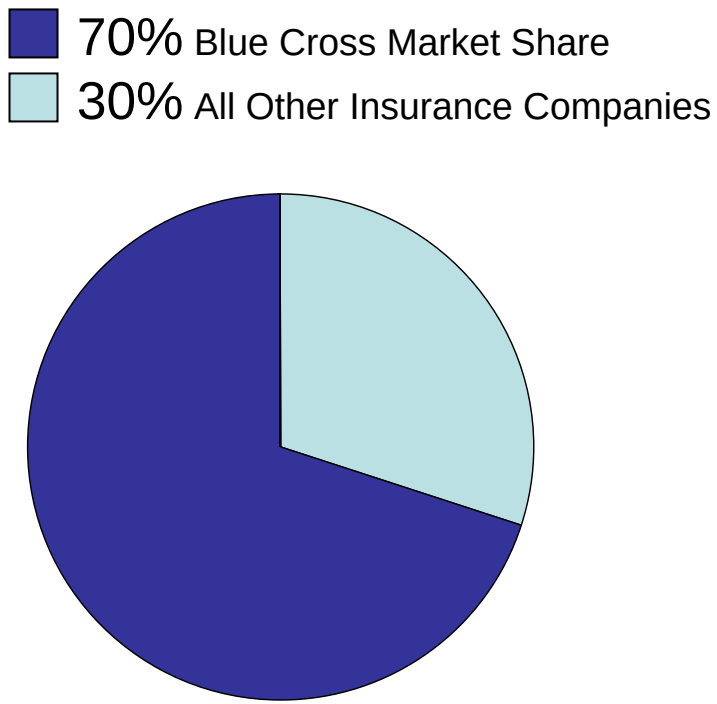
3. Blue Cross admitted a $75 million total annual tax benefit at the House Insurance Committee hearing on the bills. Its state "income" tax benefit alone can be approximated by applying the 1.25% premium tax rate applicable to insurers under the new Michigan Business Tax (MCL 208.1235) to BCBSM's 2006 premium revenue of over $5.8 billion, which totals over $72.5 million.

Monopoly Power

70% Market Share - Largest Health Care Corporation in Michigan

Market Share

Blue Cross and its affiliates insure over 4.2 million customers in the Michigan commercial health insurance market. [4]



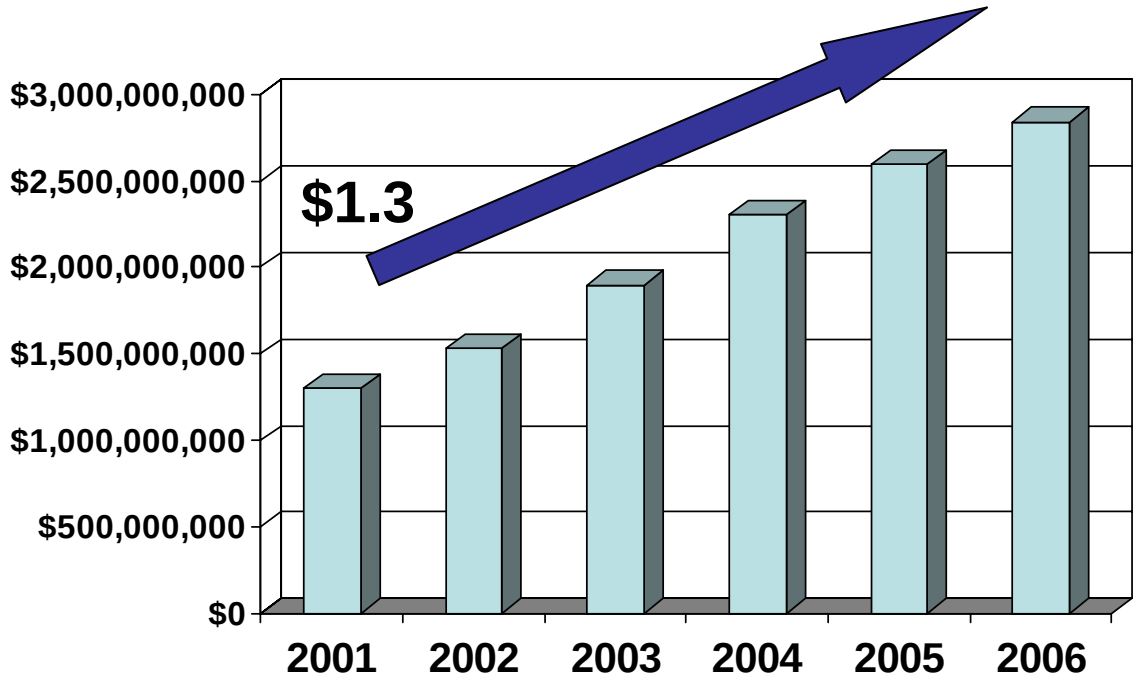
4. Percentage calculated by dividing the estimated 6,091,526 people in Michigan who have commercial health insurance (i.e., not Medicaid, Medicare, or uninsured) by the in-state, commercial enrollment of Blue Cross and its affiliates of 4,272,593. Detailed figures used in calculation and authority for those figures are contained in the attached separate document.

Profits Soar
Surplus Doubles in Value

$2.8 Billion

Surplus Levels

Blue Cross' surplus is at its highest level in history and has more than doubled since 2001. [5]

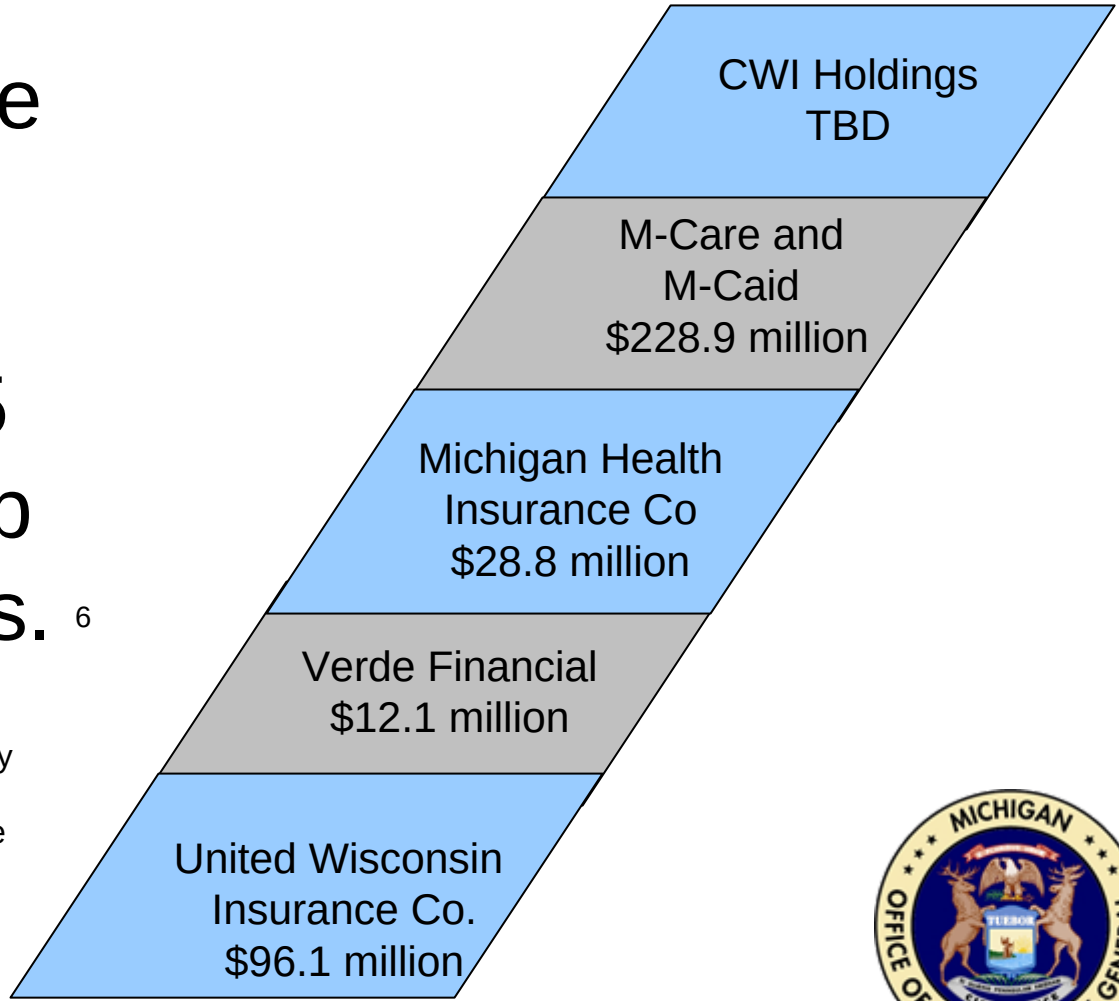


*Based upon Generally Accepted Accounting Principles ("GAAP").

5. Blue Cross Blue Shield of Michigan Annual Reports for the years 2003, 2005, and 2006 (2003 Annual Report includes figures for 2002 and 2001, 2005 Annual Report includes figures for 2004).

As Profits Soar, As Reserves Explode, this Charity goes on a Spending Spree…

Since 2005, Blue Cross and its affiliates have spent over $365 million buying up other companies. [6]

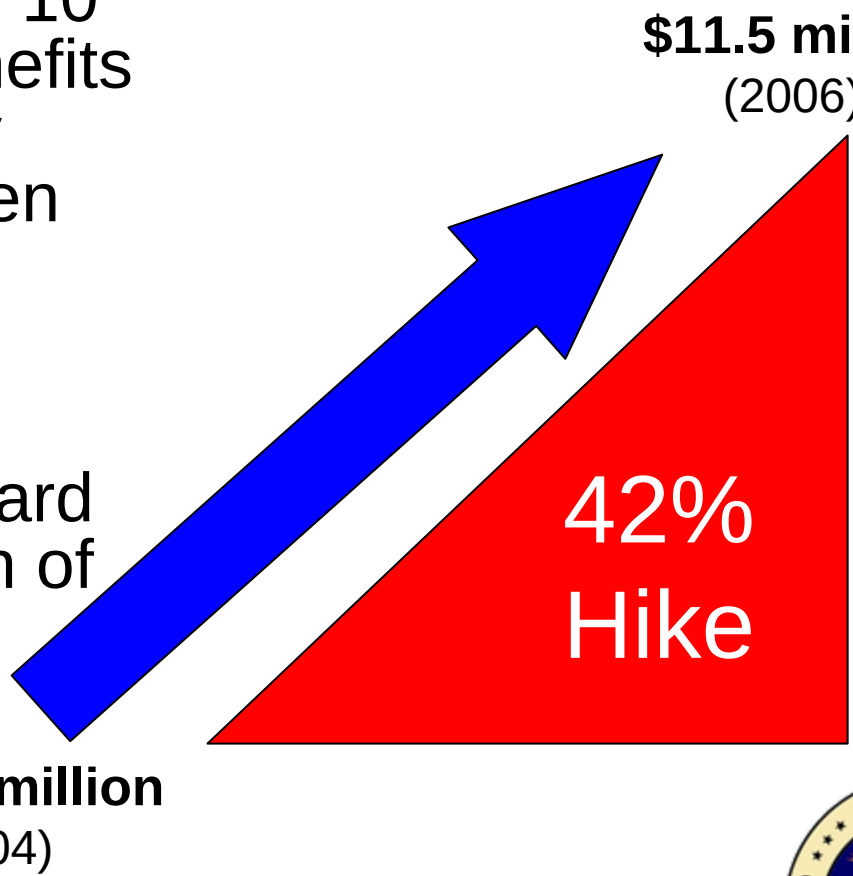


6. The attached source sheet includes authority for each purchase, including the 2006 Annual Statements of Blue Cross and its affiliates Blue Care Network, Accident Fund, and Life Secure Insurance Company and a newspaper article regarding Accident Fund's purchase of CWI Holdings.

…And Record Salary Increases

- Blue Cross paid its top 10 officers salary and benefits packages that grew by more than **42%** between 2004-2006. [7]

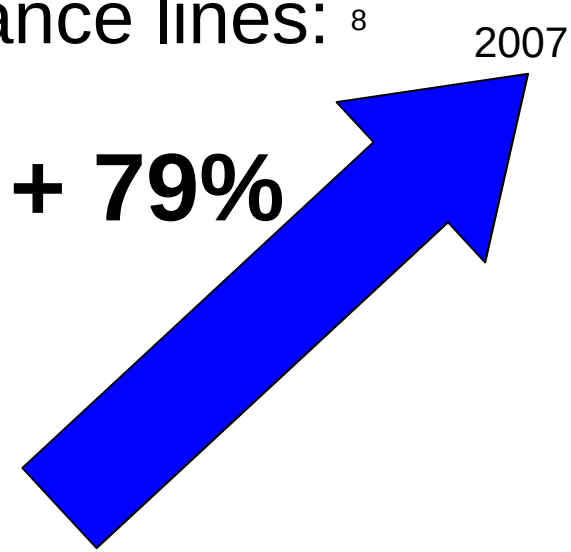
- Including Blue Cross President & CEO Richard Whitmer compensation of $4,253,558 in 2006.



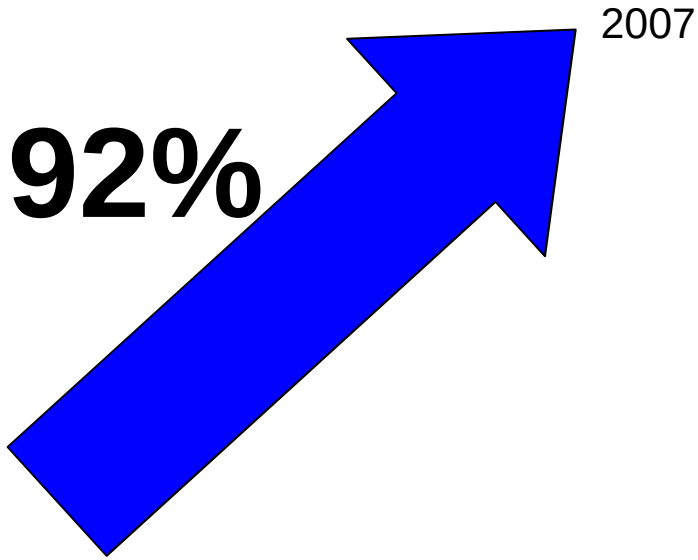
7. BCBSM Supplemental Compensation Exhibit for the year ended December 31, 2006, filed with OFIS.

Good Times for Blue Cross, Bad Times for Ratepayers

Although its surplus keeps growing, Blue Cross continues to raise premium rates for its individual insurance lines: [8]



•Individual (Non-group) rates have increased 79% since 2003.



•Group Conversion rates have increased 93% since 2003.

8. Definition of Group Conversion: Process by which members who are no longer enrolled though a group may obtain individual coverage , paying premiums directly through to the plan. Approved rate increases for Non-group and Group Conversion between 2003 and 2007 obtained from OFIS. 79% and 92% figures compound the effect of the several rate increases during this time period, resulting in the total rate increase.

$1 Million Per Day

Over the last five years, Blue Cross and its subsidiaries have profited over

ONE MILLION DOLLARS

per day!

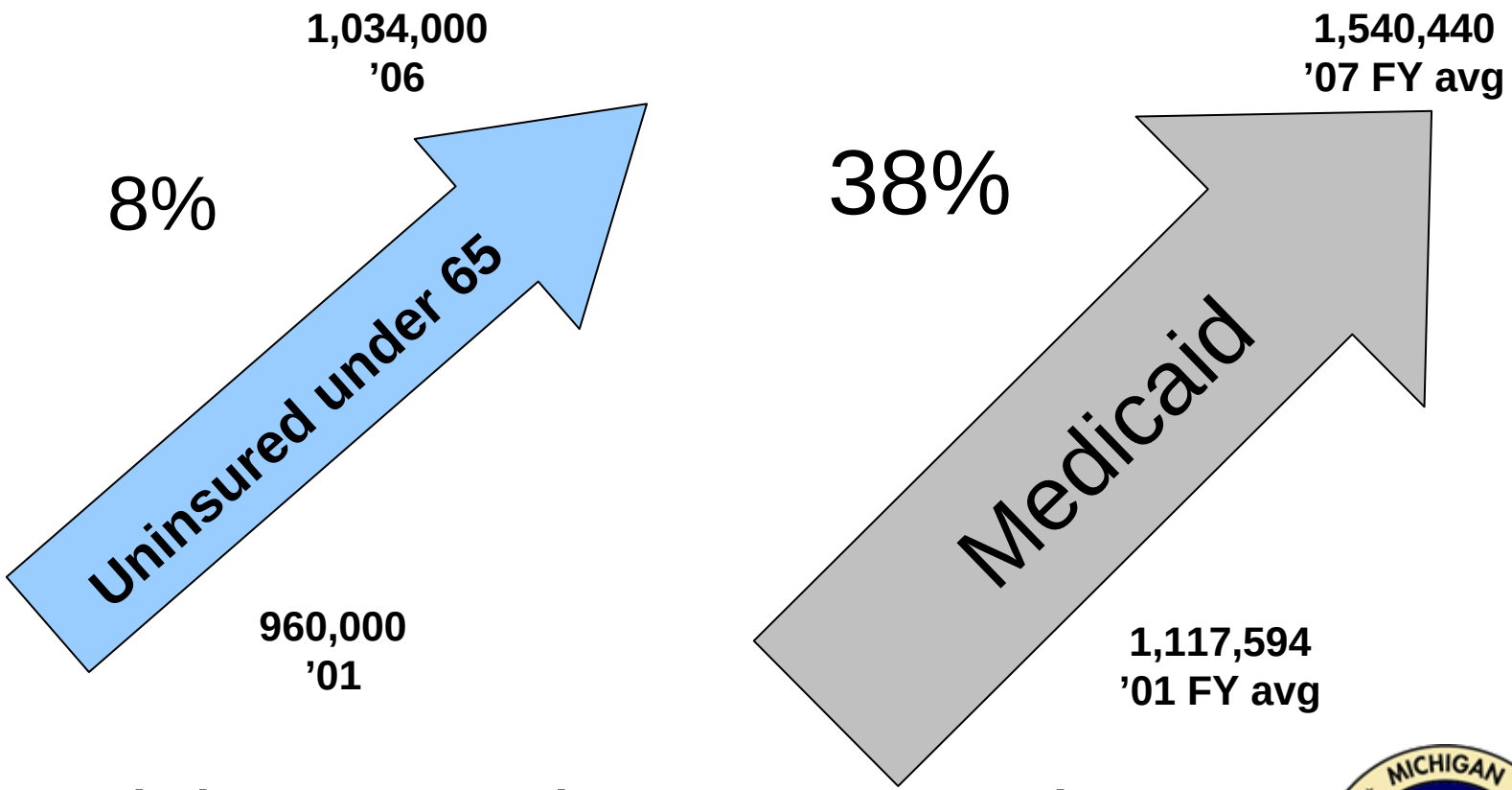
9. Blue Cross Blue Shield of Michigan Annual Reports for the years 2003, 2005, and 2006 (2003 Annual Report includes figures for 2002, 2005 Annual Report includes figures for 2004). Total consolidated, pre-tax income for 2002-2006 was $1,847,300,000, which translates to $1,012,219.18 per day.

A Warning…

"…excessive reserves are inappropriate. Reserves are funded by, and belong to, subscribers. Higher reserves mean higher premiums, which may not be justified."

Then-State Representative David Hollister, Journal of Law Reform, 1980.

1 in 4 Michigan Citizens is Uninsured or on Medicaid…



… and these numbers are growing.

The data in this segment is from three sources: U.S. Census Bureau, Table HIA-6: Health Insurance Coverage Status & Type of Coverage by State (Michigan); Michigan Department of Human Services, Key Statistics Tables for FY 2001 & 2007, Table 12: Medicaid Eligibility; and http://www.statehealthfacts.org/profileind.jsp?ind=125&cat=3&rgn=24

Hurting the Old, Sick, and Working Poor

- HBs 5282-5285 eliminate “community rating” and force seniors and sicker citizens to pay more than current law. [10]

- Will allow Blue Cross to charge new customers with chronic diseases like diabetes up to 80% more without challenge (For example, a $400 per month premium could be raised to $720) [11]

- Will allow Blue Cross to charge new customers with serious illnesses like cancer up to 250% more without challenge (For example, a $400 per month premium could be raised to $1,400) [12]

10. Community rating is currently required by MCL 550.1611. HB 5283 provides that the rates Blue Cross charges nongroup subscribers are governed by Chapter 37A, added by HB 5282, and are not subject to MCL 550.1609-1613. In addition, HB 5282, Section 3765(2) expressly allows Blue Cross to base its rates on the age and initial condition of the insured.

11. HB 5282, Section 3765(2) provides that premiums resulting from the rate factors of age and initial condition shall not vary from the index rate for that health benefit plan by more than 80%.

12. HB 5282, Section 3763(2) provides that for a guaranteed-access health benefit plan (GAHBP), the premium is presumed adequate, equitable, and not excessive if it does not exceed 150% of the weighted average premium associated with an initial condition rating factor of 2 charged by the 5 carriers with at least 50% of the individual market. Under this formula, the 150% is over and above the rate charged to the highest-risk insureds in the "regular" health benefit plan. We therefore believe that a very sick person in the GAHBP could pay as much as 250% more than a healthy person.

Hurting the Old, Sick, and Working Poor Part II

- HB 5282 allows Blue Cross to deny coverage for preexisting illness for up to 12 months. Current law only allows Blue Cross to deny coverage for 6 months. In today's economy, this is another blow to those who are sick, particularly if they are among the working poor. [13]

- For the first time, Blue Cross will be able to raise rates without any consideration of their reserves, i.e., cash in the bank. Does this sound like a "charitable and benevolent institution"? [14]

13. MCL 550.1402b(1) provides the current 6-month preexisting condition limitation period applicable to Blue Cross. HB 5282, Section 3757(1) allows Blue Cross to increase this limitation period to 12 months.

14. Under MCL 550.1609(1), one of the factors for determining whether Blue Cross' rates are excessive is whether the rate should include a "provision for a contribution to or from surplus." HB 5283 provides that the rates Blue Cross charges nongroup subscribers are governed by Chapter 37A, added by HB 5282, and are not subject to MCL 550.1609-1613.

HB 5282 Allows Blue Cross to Engage in Redlining!

- For the first time, HB 5282 would allow Blue Cross to charge individuals more based on where they live! [15]

- For example, premiums for Wayne County, Kent County, or (*fill in your county here*) residents could be increased up to 20%, as compared to rates in other parts of the state.

  (Based upon rates currently charged by competitors.)

15. Blue Cross currently uses statewide rating consistent with MCL 550.1611, which provides the legislative intent underlying PA 350 "to promote uniformity of rates among subscribers to the greatest extent practicable." HB 5283 provides that the rates Blue Cross charges nongroup subscribers are governed by Chapter 37A, added by HB 5282, and are not subject to MCL 550.1609-1613. In addition, HB 5282, Section 3765(1) expressly allows Blue Cross to establish up to 10 geographic areas in the State for adjusting premiums.

Individual Redlining Practices Will Hurt Customers who are already Hurting

"Redlining in the insurance industry is a discriminatory practice in which insurance companies restrict the availability of insurance to people in particular geographic areas."

-Attorney General Jennifer Granholm,
May 16, 2002

The Fox in Charge of Watching the Henhouse!
Eliminating Oversight of Blue Cross

- Current law allows the Attorney General to challenge rate hike requests by Blue Cross.

- Current law allows the Commissioner of the Office of Financial and Insurance Services, an appointee of the Governor, to consider the Attorney General's arguments on affordability and determine a fair rate.

- HBs 5282-5283 **eliminate** the role of the Attorney General to argue against rate hikes AND **eliminate** the ability of the Commissioner of OFIS to set rates! [16]

16. The current oversight of Blue Cross' rates, including the Attorney General's right to request a hearing to contest rate increases, are provided in MCL 550.1609-1613. As previously stated, HB 5283 provides that the rates Blue Cross charges nongroup subscribers are governed by Chapter 37A, added by HB 5282 , and are not subject to MCL 550.1609-1613.

Attorney General Oversight:
$100 million saved for Michigan's Seniors

- In 2007, Blue Cross sought a 50% hike on the premiums that seniors pay to receive BCBSM Medigap Insurance.
- Attorney General filed an intervention with OFIS contesting the request.
- The rate hike request was ultimately reduced to 19%; saving more than 215,000 Michigan seniors $97.5 million initially, and over $69 million per year after that.

Profits…Profits…and More Profits: Tripling Blue Cross' Margin

- Blue Cross currently retains an average of 9.67% of every premium dollar to cover its administrative expenses and "profit" margin from the individual insurance lines. [17]
- According to the National Blue Cross and Blue Shield Association (which includes both for profit and non-profit members) the association average is 13.5% of every premium dollar.
- The proposed bills "reforming" Blue Cross would allow it to ***TRIPLE*** its margins - ***a 200% increase*** – to retaining 30% of every premium dollar. [18]

17. Blue Cross Schedules of Retention for its Nongroup, Group Conversion, and Other than Group Complementary (Medigap) insurance lines.

18. HB 5282, Section 3763(2).

MICHIGAN OFFICE OF THE ATTORNEY GENERAL

Profit Margin Comparison

For-Profit Health Plans	5.19%
Hospitals	5.67%
Food	7.91%
Gas Utilities	10.85%
Industrial Equipment	11.32%
Insurance Brokers	14.48%
Communications Equipment	16.25%
Electronics	22.57%
Blue Cross*	30.00%
Independent Oil & Gas Producers	48.90%

*What Blue Cross could profit if HBs 5282-5285 are enacted.

Profit Margins are calculated on the trailing twelve month period. The Online Investor, Net Profit Margins - Top 10 (11/27/07) http://wwwtheonlineinvestor.com/margin_topten.phtml

Bottom-Line

Seniors, Sickest Subscribers, and the Public Will be Singing the Blues

- Blue Cross was created in 1939 to be a charitable insurer of last resort. Over the years, Blue Cross has received billions of dollars in public subsidies to support its public mission.

- Blue Cross now wants to be like a private insurer while continuing its tax-free status.

- Proposed law will result in higher premiums for seniors and the sickest, increase Blue Cross' competitive advantage, and effectively eliminate any meaningful oversight of Blue Cross.

Blue Cross' ***Non-profit*** Social Mission threatened

- Blue Cross exists "(T)o secure for all of the people of this state who apply for a certificate the opportunity for access to coverage for health services at a fair and reasonable price." Public Act 350 of 1980.

- By creating Blue Cross, "the Michigan Legislature created a charitable trust for the benefit of Michigan's citizens." Attorney General Jennifer M. Granholm, OAG No. 7115, July 30, 2002.

- The social mission and special trust between Blue Cross and the People of Michigan must be protected from the rushed and ill-considered "reforms" of HB 5282-5285.

What happened to Blue Cross' Social Mission?

Michigan Department of Community Health

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

YOU ARE INVITED TO ATTEND

THE

LONG-TERM CARE INFORMATION FORUM

MONDAY, FEBRUARY 11, 2008

AT THE

Capitol View Building
Conference Rooms A, B, C

201 Townsend Street, Lansing, Michigan
(Driving directions on back)

9:00 am – Noon

An informational session for stakeholders and persons interested in learning about and discussion:

- Brief updates on the Long-Term Care Connections, Self-Determination in Long-Term Care, MI Choice Waiver Expansion, and Medicaid Infrastructure Grant
- Discussion of the Long-Term Care Budget for Fiscal Year 2009
- Update on Nursing Facility Transition Services

Sponsored by the Office of Long-Term Care Supports & Services
Michigan Department of Community Health

For More Information: 517.373.3860 or thelen@michigan.gov **RSVP not required.**

DRIVING DIRECTIONS

October 29, 2007 Capitol View Building, Conf Rooms A, B, C

201 Townsend Street, Lansing, Michigan

The Capitol View Building is located on the southeast corner of West Allegan Street and Townsend Street. Parking is available, for a fee, in two city-run parking ramps. One ramp is located on Townsend Street, adjacent to the Capitol View Building. The other ramp is at the corner of West Allegan Street and South Capitol Avenue. Parking is also available at meters throughout the downtown area.

From Grand Rapids: Take I-96E to I-496E. Follow I-496E to the Pine Street Exit (Exit 6). Follow the off ramp to West Main Street and continue down West Main Street. Turn left on to Walnut Street (see map below).

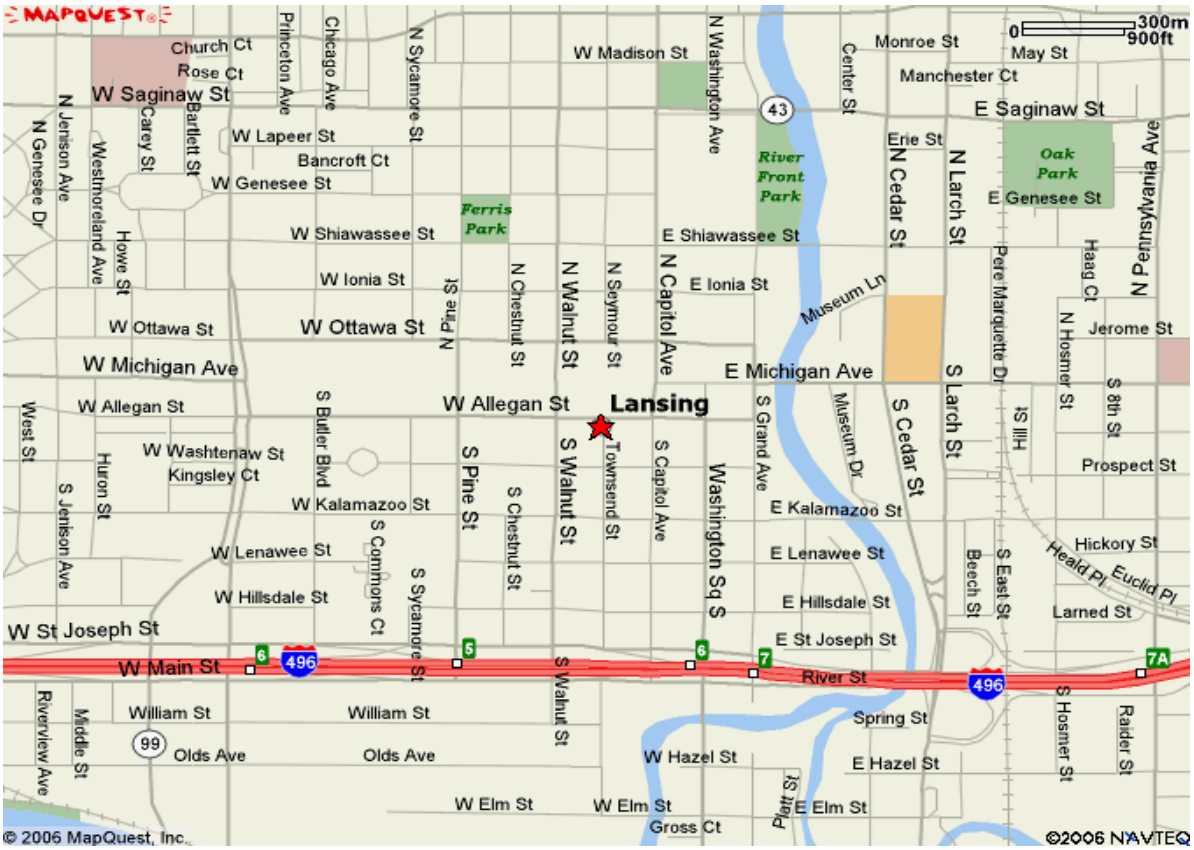
From Clare and Points North: Follow US-127S to I-496W. Take I-496W to the Walnut Street Exit (Exit 6). Follow the off ramp to West St. Joseph Street and continue on St. Joseph Street for one block. Turn right on to Walnut Street (see map below)

From Flint: Take I-69W to US-127S. Follow US-127S to I-496W. Take I-496W to the Walnut Street Exit (Exit 6). Follow the off ramp to W. St. Joseph St and continue on St. Joseph St. for one block. Turn right on to Walnut Street (see map below)

From Detroit: Take I-96W to Lansing which runs right into I-496W. Get on I-496W and continue to Exit 6 which is Walnut Street. Follow the off ramp to W. St. Joseph St and continue on St. Joseph St. for one block. Turn right on to Walnut Street (see map below)

From Jackson and Points South: Take US-127N from Jackson to Lansing. At I-96, I-496 will join US-127N. Follow I-496W to the Walnut Street Exit (Exit 5). Follow the off ramp to W. St. Joseph St and continue on St. Joseph St. for one block. Turn right on to Walnut Street (see map below)

From Southwest Michigan (Kalamazoo-Benton Harbor-St. Joseph Area): Travel North on I-69 to Lansing. Follow I-69 to I-496E. Follow I-496E to the Pine Street Exit (Exit 6). Follow the off ramp to W. Main Street and continue down W. Main Street. Turn left on to Walnut Street (see map below)



This Train-the-Trainer program will enhance your skills so you can:

- ★ Advocate and train more effectively
- ★ Explain the ins and outs of participant-directed services
- ★ Equip MI Choice participants and waiver staff to explore and support self-determination
- ★ Be advocates in your community for quality long-term care supports and services
- ★ Facilitate dialogue and networking among participants and agency staff

Successfully Employing Your Personal Assistants:

Training for Advocates

Graduates of the Series Say:

- ★ *The series was incredible! It was fun and much easier than I thought it would be.*
- ★ *I learned a lot about myself, as well as about helping others pursue great lives.*
- ★ *I'm looking forward to facilitating highly participative groups and discussions.*
- ★ *I feel ready to be good trainer and a powerful advocate for myself and others.*

Sessions run 11:30 – 5:00 on Day 1 ★ 10:00 – 3:30 on Days 2-4

Tuesday – Thursday, March 4 - 6, 2008 ★ Sessions 1 – 3

Leading the Life You Want &

Exploring If Self-Determination is Right For You

Tuesday – Friday, April 1 – 4, 2008 ★ Sessions 4 – 7

Finding, Selecting and Hiring Your Personal Assistants

Tuesday – Thursday, May 6 – 8, 2008 ★ Sessions 8 – 10

Supervising Your Personal Assistant

Detroit Marriott Southfield

27033 Northwestern Highway between Telegraph and Lahser Roads

Michigan Department of Community Health
Office of Long-Term Care Supports & Services PROJECT SUCCESS

Successfully Employing Personal Assistants
Training for Advocates & Trainers

March 4-6 – Sessions 1 – 3 ★ **April 1-4 –** Sessions 4 – 7 ★ **May 6-8 –** Sessions 8 – 10

Agencies that sponsor Project Success training teams will gain internal capacity to help participants and staff explore the benefits and challenges of self-direction, and build the skills and supports needed to make self-direction successful.

Applications will be accepted from two-person teams, including a staff person from a MI Choice Waiver Agency, CIL or Alzheimer's Chapter, and a person who has experience with self-direction. After this training, these two will work as partners in their local communities, delivering training, providing coaching, and advocating for best practices.

Each team member needs:

- Passion for self-direction and an interest in providing real support to those who choose it, particularly within the MI Choice waiver program.
- An effective relationship with and support from their organization to conduct informational sessions and offer other supports to help people explore self-direction and develop the skills to be successful supervisors of their personal assistants or aides.
- Previous experience as an employer or supervisor of personal assistants or as an advocate for MI Choice participants and others who use self-directed services.
- To be able to understand and use the training materials, which are written at a 7-8th grade level, so that they can effectively teach. Covering the material requires discipline!
- To be an effective communicator with audiences and individuals.
- Be able to manage – or be able to arrange accommodations or supports to manage – the physical demands of instruction, e.g. flip charting, hand outs, etc.
- To have reliable transportation and be able to tolerate full days of training activity.

Sponsoring MI Choice waiver agencies will provide administrative, outreach, and logistic support for their team in offering educational sessions in their service areas, including:

- Initial sessions on "Choosing the Life You Want" and "Exploring Self-Determination" between March and the end of May 2008
- Five additional sessions of agency-selected topics by the end of September 2008.

Deadline for registration: Friday, February 8th, 2008

Please call for more details and an application

Tari Muñiz, *Project Coordinator,* MDCH Office of Long Term Care Supports and Services

MunizT@michigan.gov ★ (517) 335-5671 ★ *Please call for more information*

PHI Michigan
"Consumers as Employers"
Train-the-Trainer Program

Overview of Sessions & Goals

Instructors: Maureen Sheahan, *PHI Michigan Training and Organizational Development Specialist*
Darlene Kauffman, *PHI Training Associate*

Session 1 of the Train-the-Trainer Program

WORKSHOP I: Leading the Life You Want as a Consumer

Module 1: Getting Started: Exploring Your Needs and Preferences

Goal: To increase consumers' self-awareness of their personal assistance needs and preferences in order to help them effectively screen, hire, and supervise their personal assistants (PAs) or to enhance their relations and ability to articulate their needs and preferences with their PAs, families and agencies.

Session 2 of the Train-the-Trainer Program

WORKSHOP II: Introduction to the Consumer-Directed Model

Module 2: Understanding the Consumer-Directed Option – Is It Right for You?

Goal: To help participants explore the concepts of choice, preference, rights, and responsibilities in obtaining personal assistance services for themselves.

Sessions 3 of the Train-the-Trainer Program

First of Three Sessions Devoted to TTT Activities and Training Practicum

Goal: To prepare participants to confidently and effectively use adult learner centered methods to present curriculum and support consumers in pursuing self-determination and being successful as employers of their personal assistants.

Session 4 of the Train-the-Trainer Program

WORKSHOP III: FINDING & HIRING PERSONAL ASSISTANTS

Module 3: Finding Personal Assistant Candidates

Goal: To increase participants' knowledge and skill in recruiting and pre-screening personal assistance staff, prior to beginning the interview process.

Session 5 of the Train-the-Trainer Program

WORKSHOP III: FINDING & HIRING PERSONAL ASSISTANTS

MODULE 4: Preparing to Staff: Making a Staffing Plan,

Developing a PA Schedule, and Interviewing Candidates

Goal: To assist participants in determining their staffing needs and in developing the communication skills needed to interview candidates effectively.

Session 6 of the Train-the-Trainer Program

WORKSHOP III: FINDING & HIRING PERSONAL ASSISTANTS, continued…

Module 5: Hiring Personal Assistants

Goal: To provide participants with the knowledge and skills needed to evaluate final candidates, make job offers, and politely turn down those who are not qualified.

Sessions 7 of the Train-the-Trainer Program

Second of Three Sessions Devoted to TTT Activities and Training Practicum

Session 8 of the Train-the-Trainer Program

WORKSHOP IV: SUPERVISING PERSONAL ASSISTANTS

Module 6: Introduction to Basic Supervisory Skills: Active Listening

Goal: To introduce consumers to the role of supervision in the consumer-directed model, and to help consumers begin developing active listening skills that are essential to effective supervision.

Session 9 of the Train-the-Trainer Program

WORKSHOP IV: SUPERVISING PERSONAL ASSISTANTS, continued…

Module 7: Supervisory Skills II: Self-Awareness,

Self-Management, and Constructive Feedback

Goal: To introduce consumers to three basic skills necessary for effective supervision: self-awareness, self-management, and constructive feedback.

Sessions 10 of the Train-the-Trainer Program

Third of Three Sessions Devoted to TTT Activities and Training Practicum

Goal: To prepare participants to confidently and effectively use adult learner centered methods to present curriculum and support consumers in pursuing self-determination and being successful as employers of their personal assistants.

PROJECT SUCCESS

A Grant Funded Train-the-Trainer Program

for Staff and Individuals Pursuing Self-Determination

"Successfully Employing Your Personal Assistants"

INFORMATION PACKET for INTERESTED ORGANIZATIONS & ADVOCATES

Michigan Department of Community Health Office of Long-Term Care Supports & Services

How will your organization benefit by enrolling in Project Success?

This Train-the-Trainer Program will prepare your chosen advocates to enhance the success of your self-determination initiatives. This is more than training:

- By giving an agency staff person and a consumer a deeper understanding of the challenges and potential benefits of self-determination, they will become resources for you and for all staff, and for individuals considering and pursuing self-determination.
- The program provides multiple tools and processes that can be used in one-on-one coaching and support, as well as being offered in public training programs.
- With the enhanced knowledge and advocates' support, you will be able to more effectively engage your entire agency to fully support self-determination

How will advocates benefit from participating in Project Success?

When they graduate from the Train-the-Trainer Program, participants will be able to:

- Advocate and train more effectively in topics covered by the program and beyond
- Explain the ins-and-outs of participant-directed services clearly and effectively for all audiences
- Support MI Choice participants and your organization's staff in exploring the challenges and benefits of self-determination and gaining the skills needed to be successful in new roles
- Serve in your community as constructive and valued advocates for quality long-term care supports and services

Graduates will learn skills important to their career development and work lives.

Project Success's Goals:

- **To ensure that MI Choice waiver participants have the information they need to carefully explore if they want self-direction and to make wise choices about which level and what model of support to use, and**
- **To ensure that those who are directing their own care have the information and support they need to be successful as employers – whether by learning how to clarify and speak up for their needs and preferences, how to find, choose and hire workers, and/or how to effectively and positively supervise.**

By establishing and supporting up to 10 teams of advocate and training partners – pairs of individuals hiring personal assistants, either in a primary or secondary role, and agency staff – **so they can offer training, one-on-one coaching and other supports to staff and participants in waiver agencies, Centers for Independent Living and Alzheimer's Chapters throughout the State, we will accomplish these goals.**

Involving Agencies and Participants in Project Development:

Project Success staff are engaging the Michigan Consumer Task Force, the 21 waiver agents that have been mandated to offer self-determination as of October 1, 2007, CILs and Alzheimer's Chapters, and MI Choice participants in our efforts. Together, we will adapt and deliver the "Consumers as Employers" TTT to supplement other training and support that the DCH OLTCSS already provides, and support trainers in reaching out to local MI Choice participants and other stakeholders.

Project Success's Staff:

Tari Muñiz is the Project Success Coordinator for the DCH-OLTCSS. Tari will be answering questions and accepting applications from interested waiver agencies. She can be reached at 517.335.5671.

Maureen Sheahan, PHI Michigan Training and Organizational Development Specialist, is coordinating the TTT program with Tari and will be the lead trainer, delivering the training along with Darlene Kauffman, PHI Michigan Training Associate. Darlene is a secondary consumer with extensive experience with self-direction and the long-term care system. Maureen can be reached at 248.376.5701.

Consumers as Employers Train-the-Trainer Program Series

Three sessions ★ Location in Southeast Michigan

- **March 4 – 6, 2008** – Tuesday – Thursday,: Sessions 1 – 3: *Choosing the Life You Want and If Self-Determination is For You*
- **April 1 – 4, 2008** – Tuesday – Friday, Sessions 4 – 7: *Finding, Selecting & Hiring Your Personal Assistants*
- **May 6 – 8, 2008 –** Tuesday – Thursday, Sessions 8 – 10: *Supervising Your Personal Assistants*

The sessions will run 11:30 – 5:00 on Day 1; and 10:00 – 3:30 on Days 2-4.

Detailed course outlines are available upon request.

Costs: Grant funds will cover hotel rooms, meals and mileage for participants, as well as breaks and lunches during training sessions. Agencies will be responsible for staff time and hotel fees, stipends, and other related expenses.

Sponsoring Agency Requirements

To make the training worthwhile, organizations that sponsor training teams must gain internal capacity that allows them to help participants and staff explore the benefits and challenges of self-direction – and to build the skills and supports needed to make self-direction successful. For these outcomes to be achieved, agencies **must:**

- **Provide administrative, outreach and logistic support to the training teams** so that they are able to effectively deliver the supports that they will be prepared to offer.
- **Submit applications by February 8, 2008** expressing their readiness to provide support to their training teams.
- **Host Consumers as Employers training programs of varying types and lengths**, minimally including:
  - Initial sessions on "Choosing the Life You Want" and "Exploring Self-Determination" between March and the end of May 2008. We recommend that these first sessions be offered to agency staff and or agency Board members.
  - Five additional sessions of agency-selected topics by the end of September 2008
- **Support training/advocate teams in developing and carrying out additional local training, coaching and outreach activities** in support of project goals.

Advocates' Required Qualifications:

Agencies also will need to have advocate teams complete applications that will be the first step in determining if they meet the qualifications that are necessary for them to successfully carry out the goals of the Project. These include that they:

- Have a passion for reaching out to MI Choice participants and agencies to promote thoughtful consideration of self-direction and support for those who choose to pursue it.
- Have an effective relationship with and support from the agency that will provide administrative, outreach and logistic support for hosting training programs and offering supports.
- Have experience as employers of personal assistants or as professional advocates of MI Choice participants or other self-directed individuals.
- Be able to understand and use the curriculum, which is written at a 7-8th grade level, so that they can effectively teach. Covering the material requires discipline!
- To be an effective communicator with audiences and individuals.
- Be able to manage – or be able to arrange accommodations or supports to manage – the physical demands of instruction, e.g. flip charting, hand outs, etc.
- To have reliable transportation and be able to tolerate full days of training activity.

Notes Regarding Advocates:

- Participant advocates are not required to be MI Choice waiver participants.
- Relatives or friends who serve as secondary or surrogate consumers in the primary employer role for consumers who cannot serve in that role themselves are invited to become trainers.
- Consumer participants can have personal assistants accompany them to support their learning – with the understanding that PAs' presence may hinder some open discussion about the challenges participants face as employers.

For more information, please contact Tari Muñiz at 517.335.5671.

Michigan Department of Community Health Office of Long-Term Care Supports & Services

Project Success

Application for Train-the-Trainer Program

March 4 – 6th, April 1 – 4th, and May 6 – 8th, 2008

Detroit Marriott Southfield, 27033 Northwestern Highway

Due February 8th, 2008 ■ To be completed Director of Sponsoring Organization

1. Name _____
2. Agency _____
3. Agency Address _____

   _____
4. Work Phone _____ 5. Cell Phone _____
6. Fax _____ 7. Email _____
8. How many training teams are you having apply? # _____. Please list names:

   _____ _____

   _____ _____
9. **Please outline your plan to have your Training Team deliver the "Getting Started: Exploring Needs and Preferences," and "Introduction to the Consumer Directed Model" sessions of the "Consumers as Employers" series to internal agency staff and board members after the first TTT on March 3 -5, and before the end of May**. Include your target dates, expected audience, possible locations, and how these sessions fit into your current activities to promote and implement self-direction.

   _____

   _____

   _____

   _____

   _____

   _____

10. **Please outline your initial plan for delivering at least 5 additional informational sessions or trainings** using some part or parts of the Consumers as Employers curriculum **by the end of September 2008**. Include target dates and audiences, possible locations, possible topics to be covered and how these sessions fit into your current activities to promote and implement self-direction.

11. Based on your initial plans for training or informational sessions, **please describe how your organization will provide administrative, outreach and logistic support**.

12. **How will your organization ensure consumer input and involvement** in planning, delivering and evaluating your training and other follow-up activities related to Project Success. This is particularly important to address if one of your advocates is *not* an individual receiving services.

13. **Please provide any additional information regarding your agency's interest in and readiness to carry out the goals of Project Success**.

Michigan Department of Community Health Office of Long-Term Care Supports & Services

Project Success

PART 2: Individual Trainer Application – One of Two

Please complete this application and the Skill and Comfort Level Assessment to give us basic information about your experience and interests. Feel free to use other paper if needed.

1. Name _____
2. Agency Affiliation and Position _____
   _____
3. Address _____
   _____
4. Day Phone _____
5. Cell Phone _____
6. Fax _____
7. Email _____
8. Can you commit to attending all ten days of the Train-the-Trainer (a requirement)? ❑ Yes
9. Will you need a Personal Assistant to stay with you at hotel? ❑ Yes ❑ No ❑ Unsure
   If so, will she or he: ❑ share your hotel room; ❑ require a separate hotel room.
10. **Please describe your experiences as a trainer.** Include formal and informal training.

_____
_____
_____
_____
_____
_____

11. **Please describe your experiences as an employer of personal assistants or as an advocate with participants exploring or pursuing self-direction.**

12. **Please answer the following questions regarding qualifications we are asking of advocates who participate in the TTT.**

    a. What qualities and experiences can you describe to demonstrate that you have a passion to reach out to your peers and to agencies to promote thoughtful consideration of self-direction and support for those who choose to pursue it?

    b. Please describe your relationship with the agency that will provide administrative, outreach and logistic support for hosting Consumers as Employers training programs and other supports. Describe the experiences you have had working with the agency to advocate for MI Choice participants and self-direction that illustrate mutual supportiveness.

c. Please describe your most rewarding and challenges experiences as an employer of personal assistants or as an advocate of participants exploring and pursuing self-direction.

d. You will use a curriculum written at a 7-8th grade level to conduct training, and we want to be sure that you will be able to understand it and teach effectively. Please describe your experience using materials to make presentations and develop advocacy. Explain how you've met the challenge of sticking to scripted presentations and activities.

e. Being able to communicate clearly with audiences is critical so that you can effectively cover all the information in the curriculum. Please describe your experiences presenting to audiences and why you think you are a clear and effective communicator.

f. You must be able to manage – or arrange accommodations to manage – the physical demands of instruction, e.g. flip charting, hand outs, etc. Please describe your abilities and/or how you have arranged to make presentations in the past.

g. You must have reliable transportation so that you will be to attend the Train-the-Trainer and then to deliver training. Please describe your training arrangements.

_____

_____

_____

_____

h. You must be able to tolerate full days of training activity, which can be very exhausting. Please describe why you feel able to do this.

_____

_____

_____

_____

i. **What interests you in participating in the Consumers as Employers Train-the-Trainer program?** Please provide as much detail as you would like.

Skills and Comfort Level Assessment

To help us understand your background, skills and style as a trainer, please complete the following survey. For each area, rate yourself on a scale of 1-10, where 1 = very low; 10 = very high. *Feel free to comment on the back of the page.*

Comfortable leading groups

1 2 3 4 5 6 7 8 9 10

Enjoy teaching

1 2 3 4 5 6 7 8 9 10

Comfortable using interactive training and group facilitation techniques

1 2 3 4 5 6 7 8 9 10

Interested in learning new ways of teaching and working with groups

1 2 3 4 5 6 7 8 9 10

Comfortable participating in self reflection and personal development activities

1 2 3 4 5 6 7 8 9 10

Comfortable with change

1 2 3 4 5 6 7 8 9 10

Use good listening and constructive communication skills

1 2 3 4 5 6 7 8 9 10

Effective as a self-determined participant or agency support person

1 2 3 4 5 6 7 8 9 10

Comfortable using skills to lead discussions about self-determination

1 2 3 4 5 6 7 8 9 10

Agreed to By:

For DCH OLTCSS:

_____
Tari Muñiz
Program Coordinator

_____
Date

For Sponsoring Organization:

_____
Name of the Organization

_____
Name and Title of CEO/COO

_____
Signature

_____
Date

_____
Name and title of Trainer

_____
Signature

_____
Date

_____
Name and title of Trainer

_____
Signature

_____
Date

Project Success has been made possible by a Technical Assistant (TA) grant to DCH OLTCSS to support self-determination efforts and ensure that participants who choose self-direction have the information needed to be successful as employers and supervisors. Project Success is being carried out in coordination with the Office on Services to the Aging (OSA).

DEVELOPING A PRE-PAID MEDICAID LONG-TERM CARE HEALTH PLAN PILOT PROJECT

MDCH COLLABORATIVE EFFORT

MEDICAL SERVICES ADMINISTATION AND

OFFICE OF LONG-TERM CARE SUPPORTS AND SERVICES

INTRODUCTION

- Collaborative Effort by MSA and OLTCSS
- Plan to Submit 1915 b/c Combination Waivers to CMS & Initiate Pilot in Early FY 09
- Consistent with DCH Efforts to Improve Health Care and Quality of Life For Michigan Citizens
- Central to LTC Reform in Supporting a Person-Centered Approach to Informed Consumer Choice in Accessing a Full Range of Service Options
- Supports the Principle of Money Follows the Person as Care Needs Shift

BACKGROUND – 2003 CMS Money Follows the Person Grant

- Collaborate Among Local MI Choice Waiver Agency, DHS (for Adult Home Help), Local Nursing Facilities and Others
- Assure Participant/Family Representation on local Governing Body
- Single/Local System Authorizes Care and Coordinates Services Across Settings
- Operate Within a Capitated Financing Arrangement

BACKGROUND - Governor's Long-Term Care Task Force

- Require and Implement Person-Centered Planning Throughout LTC Continuum
- Improve Access By Adopting Money Follows the Person Principles
- Establish Single Point of Entry Agencies
- Strengthen Array of Supports/Services
- Financing Structures that Maximize Resources, Promote Participant Incentives, Decrease Fraud

VALUES

- People should be fully included in community life and activities to the degree possible.
- People should be empowered to exercise choice and control over all aspects of their lives.
- People should be able to access quality supports and services when needed (not placed on waiting lists).
- All stakeholders, especially participants and family members, must be part of the planning and implementation processes.
- Person-Centered Planning is the basis for all plans of supports and services.

MAJOR GOAL
Approval of 1915 (b)/(c) Waivers

- Utilizes Prepaid Health Care Model
- Pilots Voluntary Enrollment at 1 or 2 Sites
- Meets Needs of Individuals Who Need Care at a Nursing Facility Level
- Promotes Consumer Involvement/Control
- Assures High Quality Services/Outcomes
- Builds on Existing Capabilities to Develop and Managed Service Options
- Expands/Enhances Local Supports/Services
- Demonstrates Cost Neutrality and Cost Effectiveness

FEATURES OF PLAN

- Person-Centered Planning
- Nursing Facility Level of Care Eligibility
- Eligibility/Access via LTC Connections
- Capitated Payments
- Savings Reinvested in Expanding Number of Persons Served and Tailoring Services

WHY DO THIS? (Expected Outcomes)

- Enact “Money Follows the Person” within the Medicaid program for those eligible for long-term care services.
- Improve quality of life options for people requiring services.
- Go beyond the capacity constraints of the current MI Choice Waiver Program.
- Provide entitlement access for persons eligible for the plan.
- Support participant choice and empowerment across a full range of supports and services

WHY DO THIS? (2) (Expected Outcomes)

- Assure appropriate use of nursing facilities and home and community-based services.
- Provide local alternatives for nursing facility closures.
- Address unmet needs through reinvestment of savings.
- Manage the use of limited funding.
- It's the right thing to do for and with consumers.

Enrollment Issues

- Enrollment in the long-term care PHP would be voluntary for participants.
- Those eligible would consist of the elderly (aged 65 and over), and persons with disabilities (aged 18 through 64).
- Limited to beneficiaries who meet existing MI Choice Waiver financial eligibility criteria and nursing facility level-of-care need.

Advisory Groups for Project

- Both a state level and project site level groups are planned.
- Membership includes both disability and aging consumers and advocates.
- The Olmstead Coalition “Principles of Implementation for the Medicaid LTC System” document (Dec 05) has been referred to in the development of this project.

Quality Assurance

- Multi-level assurances, measurement, & review
- Participant involvement at advisory, review and board levels.
- Opportunity to improve on MI Choice QA experience.
- An EQRO is mandatory for CMS waivers.

Developing a Prepaid Health Plan (PHP)

- The PHP would provide Medicaid long-term care services in a limited geographic area.
- Ultimately the state may only contract with an entity qualified to meet CMS and state requirements for functioning as a capitated, risk-bearing entity.
- The selection of a provider entity is a key factor for success of the overall effort.
- A provider with existing experience with LTC home and community-based services, including nursing facility transitions, could be partnered with an existing licensed HMO.

MANAGED CARE FOR MICHIGAN'S MEDICAID LONG TERM CARE SYSTEM

Principles of Implementation

December 2005

- A managed long term care system should be participant-driven.
- A managed long term care system should be based on the values of CHOICE, EQUITY, and QUALITY.
- A managed long term care system should preserve and build upon high performing local community supports and networks.
- financing is designed to respond to changing demographics by building capacity to serve more people and to insure Choice, Quality, and Equity.

Principles of Implementation December 2005

A managed long term care system supporting seniors and people with disabilities should:

- Be distinct from the existing acute care system.
- Have a clear method of coordination with the acute care system.
- Have clear and unambiguous financial and functional eligibility criteria that assures easy access and are universal across settings.
- Not result in any decrease of services currently available to seniors and people with disabilities who may not qualify to participate in the managed care system.
- Restrict eligibility for contracts to non-profit managed care entities.
- Assure that managed care entities not be providers of direct supports or services.

Principles of Implementation December 2005

The managed long term care system financing is designed to respond to changing demographics by building capacity to serve more people and to insure Choice, Quality, and Equity.

- Funding is based on an independent actuarial evaluation.
- Any efficiency within the LTC system is used to enhance supports and services within the system.
- The State participates in risk-sharing with each managed care entity.
- There are adequate funds for the coordination of all aspects of the person-centered planning process, including independent PCP facilitation and implementation of Medicaid authorized supports and services
- Any service limitations are based on aggregate numbers not on individual supports or services.
- The State will ensure sufficient resources to monitor, evaluate, and, if necessary, remediate the performance of each managed care entity.

Principles of Implementation December 2005

Agreements between the State and managed care entities and between managed care entity and their subcontractors contain:

- Explicit responsibility for the quality of all services in their delivery or operations system.
- The requirement that the state maintain a system to vigorously monitor and measure the quality of authorized and delivered services, an array of enforcement tools, including the ability to refuse payment if quality is not maintained or delivered.
- A uniform, fair and timely mechanism to appeal any managed care entity service decisions.
- An effective independent entity with the authority to fully investigate critical incidents, allegations of abuse and neglect, and complaints of rights violations.
- The requirement that each managed care entity and its subcontractors maintain an effective quality management plan, which collects data for continuous improvement.
- Incentives, consequences and sanctions ensure that the responsibility of state government for quality and accountability is vigorously pursued.